



MPCA LEGAL DEFENSE ENROLLMENT FORM

Name:	POST Number:
Contact Phone:	Home Address:
<u>Checkmark the option that applies to you:</u>	
I am a current member of MPCA	
I am not a current member of MPCA	

By my signature below, I, _____, am enrolling in the Missouri Police Chiefs Association Legal Defense Division (MPCA-LDD), a membership benefit offered to Active Members of the Missouri Police Chiefs Association ("MPCA").

In exchange for MPCA's processing of my enrollment, I hereby acknowledge and agree to the following:

- 1) That I have thoroughly read, reviewed and understand the enrollment materials.
- 2) That I, as well as my survivors, heirs, assigns and representatives, in exchange for what I deem as the valuable consideration of the benefits of MPCA-LDD membership, do hereby grant a waiver, release and indemnification to MPCA and any of and all of its related entities and each of their agents, officers, employees and representatives from any verdicts, judgments, claims, causes of action, or disputes of whatever nature I might have now or in the future, arising out of my membership in or enrollment with MPCA-LDD. Pursuant to my agreement to indemnify, I agree to pay upon demand any and all legal fees and costs relating thereto, incurred by MPCA as the result of any claim, cause of action or dispute brought against MPCA-LDD and/or MPCA by myself or by my survivors, heirs, assigns or representatives, relating to my enrollment or membership in MPCA-LDD.

Signature of Enrollee

Date Signed

<u>Checkmark payment method:</u>	Billing Address:
Invoice Billing Address	
Payment is enclosed	