

Enrollment Certification Form
New Jersey State PBA Legal Protection Plan

This form will be submitted with your enrollment to the Legal Protection Plan and Protection Management Company will forward the form to the NJSPBA office.

Mail To: Protection Management Company
P.O. Box 6929
Freehold, NJ 07728

Date: _____

Local Name & Number: _____

Effective Date Requested: _____

Please accept this form as my local's enrollment in the Legal Protection Plan. Enclosed is my LPP roster and payment, checks made payable to: NJSPBALPP. My signature below affirms that all the members on this roster are enrolled at the NJSPBA office.

My total members to be enrolled are: _____

Delegate Signature

I affirm that all the members contained on this roster have been enrolled at the NJSPBA office.

Print Name (Delegate)

This form MUST be completed and mailed with your enrollment(s).