



Fraternal Order of Police

Arizona Labor Council

MEMBERSHIP APPLICATION

Mesa F.O.P. Lodge 9



This application covers your entire family with legal coverage.

Name: _____
LAST FIRST MIDDLE INITIAL

Address: _____
STREET CITY STATE ZIP

Home Phone: _____ - - - - - Work Phone: _____ - - - - - Pager: _____ - - - - -

Mobile Phone: _____ - - - - - Home email address: _____

Agency: _____ Occupation/Rank _____

Spouse/Partner: _____
LAST FIRST

I _____, hereby apply for membership in the "Fraternal Order of Police/Arizona Labor Council, Inc." (FOP/ALC). I authorize the "FOP/ALC" to act as my official representative in all job related matters concerning my wages, hours, and conditions of employment in order to promote and protect my economic welfare. I understand and agree that two dollars of my dues per year will be designated as an Arizona FOP PAC contribution. Further, in the presence of the Creator of the Universe and the members of the Fraternal Order of Police, do solemnly and sincerely promise and swear, that I will, to the best of my ability, comply with all the laws and rules of this Order; that I will recognize the authority of my legal elected officers and obey all orders therefrom not in conflict with my religious or political views, or my rights as an American citizen; that I will not cheat, wrong, or defraud this Order, or any member thereof, or permit the same to be done if in my power to prevent it; that I will, at all times, aid and assist a worthy Brother or Sister in sickness or distress, so far as it lies in my power to do so; that I will not divulge any of the secrets of this Order to anyone not entitled to receive them. To all of which I most solemnly and sincerely promise and swear. Should I violate this, my solemn oath of obligation, I hereby consent to be expelled from the Order.

My Mesa F.O.P. Lodge 9 dues will be paid monthly through _____ / ____ / ____
 the Arizona Labor Council. SIGNATURE DATE

MEMBER WITNESS SIGNATURE MESA F.O.P. LODGE 9 PRESIDENT SIGNATURE ALC CHAIRMAN SIGNATURE

FOR ALC OFFICE USE ONLY

MEMBER PACKET RECEIVED? _____ Y/N PAYMENT METHOD: _____ CASH / CHECK # / M.O. # AMOUNT: \$ _____

EFFECTIVE: _____ DATE DATA ENTRY: _____ DATE BY: _____ MODIFIED/ADDED: _____

Cut on dotted line. Send bottom to the ALC. Make 3 copies of top: original and 1 copy to ALC; 1 copy to member; 1 copy to Mesa F.O.P.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBITS)

COMPANY NAME: THE FRATERNAL ORDER OF POLICE, ARIZONA LABOR COUNCIL, INC.

I (we) hereby authorize **THE FRATERNAL ORDER OF POLICE, ARIZONA LABOR COUNCIL, INC.** (hereinafter "**FOP/ALC**") to initiate debit entries to my (our) Checking account indicated below at the financial institution (hereinafter "**DEPOSITORY**") named below, to debit the same of an amount not to exceed **\$60.00 per month (\$20.00 for ALC dues, \$40.00 for Mesa F.O.P. dues)**, to such account on or between the 25th to the 28th of each month. Transactions will begin the month following the date of this authorization.

MY DEPOSITORY NAME: (bank, credit union, etc.) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

This authorization is to remain in full force and effect until the **FOP/ALC** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the **FOP/ALC** and my (our) **DEPOSITORY** a reasonable opportunity to act on it.

NAME: _____ NAME: _____

DATE: _____ DATE: _____

SIGNATURE: _____ SIGNATURE: _____

****A VOIDED CHECK, OR A COPY OF ONE OF YOUR VOIDED CHECKS, MUST BE ATTACHED TO THIS AUTHORIZATION****

FOR OFFICE USE RECEIVED BY: _____ DATE: _____ DATA INPUT BY: _____ DATE: _____

ORIGINAL - FOP/ALC, INC.

PHOTOCOPY FOR MEMBER