



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.

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 dues will be paid monthly through Mesa F.O.P. Lodge 9. _____ / ____ / ____
SIGNATURE DATE

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

FOR ALC OFFICE USE ONLY

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

EFFECTIVE: _____ DATE DATA ENTRY: _____ DATE BY: _____ MODIFIED/ADDED: _____
Cut on dotted line. Send bottom to Payroll. Make 3 copies of top: original and 1 copy to ALC; 1 copy to member; 1 copy to Mesa F.O.P.

NEW DIRECT DEPOSIT / CHANGE OF DIRECT DEPOSIT / CANCELLATION OF DIRECT DEPOSIT

Employee Name _____ Employee Number _____

Employee Signature _____ Date _____

AUTHORIZATION OF NEW DIRECT DEPOSIT

I authorize the City of Mesa to withhold from each payroll check the amount of \$ 27.50 OR NET (100%) PAY and forward the funds to the following financial institution to be deposited as follows:

Financial Institution Name Arizona Federal Credit Union Account Number 40638 Checking Saving

AUTHORIZATION TO CHANGE EXISTING DIRECT DEPOSIT

I authorize the City of Mesa to change my existing account at:

Financial Institution Name _____ Account Number _____ Checking Saving

Effective immediately, the biweekly withholding should be changed: FROM _____ TO _____

AUTHORIZATION TO CANCEL AN EXISTING DIRECT DEPOSIT

I authorize the City of Mesa to cancel my existing account at:

Financial Institution Name _____ Account Number _____ Checking Saving

This amount may be increased by a cost of living adjustment when approved by a vote of the membership.