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| If by \$1 Please send | egal coverage from the F.O you answered YES and are y filling in only your <u>name</u> , <i>15.00 per paycheck, which</i> d completed form and | a Mesa Police Depa signature, employee <i>includes your \$50.0</i> d check (if not el | artment employee, you c <u>number</u> , and <u>date</u> on the <i>0 FOPA membership (a</i> ecting ALC legal co | an include le e Direct Depo lo not includ verage) to: | osit card below. 1 <i>e a check for \$50</i> | The cost is |
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This amount may be increased by a cost of living adjustment when approved by a vote of the membership.