



Arizona Labor Council

# Fraternal Order of Police

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 the Arizona Labor Council to 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? \_\_\_\_\_ Y/N PAYMENT METHOD: \_\_\_\_\_ CASH / CHECK # / M.O. # AMOUNT: \$ \_\_\_\_\_

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.

## 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 **\$44.00 per month (\$20.00 for ALC dues, \$24.00 for Mesa F.O.P. dues)**, to such account on or between the 25<sup>th</sup> to the 28<sup>th</sup> 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