Fraternal Order of Police Mesa Associate Lodge

Arizona Labor Council **MEMBERSHIP APPLICATION** **Mesa F.O.P. Lodge 9**

The ALC portion of this application covers your entire family with legal coverage. **Associates**

☐ $30.00 Single Membership (Spouses Included) ☐ $60.00 Business Membership

Name: _____ Spouse/Partner: _____
LAST FIRST LAST FIRST

Address: _____
STREET CITY STATE ZIP

Home Phone: ( ) _____ E-mail address: _____

This section for Mesa PD employees: Department Name and RC # _____

Work Phone: _____ Occupation/Rank _____

Do you want legal coverage from the F.O.P./Arizona Labor Council? ☐ YES ☐ NO

If you answered YES and are a Mesa Police Department employee, you can include legal coverage from the ALC by filling in only your name, signature, employee number, and date on the Direct Deposit card below. ***The cost is $10.50 per paycheck, which includes your $30.00 FOPA membership (do not include a check for $30.00).***

Please send completed form and check (if not electing ALC legal coverage) **to:**
By mail to FOPA Mesa Lodge 9, PO BOX 796, Mesa AZ 85201-0796 or
By inter-office mail to Debi Tyer – Evidence Section

--- Do Not Write In This Section ---

Date Renewed: _____ *Check #:* _____ *Decal Issued:* *YES* _____ *NO* _____

Card Number Issued: _____ *Secretary 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.PA.

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 $ **10.50** 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.