



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



\$50.00 Single Membership (Spouses Included)

\$100.00 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? <input type="checkbox"/> YES <input type="checkbox"/> 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 <u>name</u> , <u>signature</u> , <u>employee number</u> , and <u>date</u> on the Direct Deposit card below. The cost is \$15.00 per paycheck, which includes your \$50.00 FOPA membership (do not include a check for \$50.00).	

**Please send completed form and check (if not electing ALC legal coverage) to:
By mail to FOPA Mesa Lodge 9, PO BOX 999, Mesa AZ 85211-0999 or
By inter-office mail to Diane Rees – Communications**

--- Do Not Write In This Section ---			
Date Renewed: _____	Check #: _____	Decal Issued: YES _____ NO _____	
Card Number Issued: _____	Secretary Signature: _____		

<small>FOR ALC OFFICE USE ONLY</small>			
MEMBER PACKET RECEIVED? _____	PAYMENT METHOD: _____	AMOUNT: \$ _____	
	<small>Y/N</small>	<small>CASH / CHECK # / M.O. #</small>	
EFFECTIVE: _____	DATA ENTRY: _____	BY: _____	MODIFIED/ADDED: _____
<small>DATE</small>	<small>DATE</small>		

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.A.

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 \$ 15.00 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.