



Fraternal Order of Police Arizona Labor Council

**Maricopa
Lodge
Five**

Combination Application for Membership

If selected, this application also covers your entire family with legal coverage.

NAME: _____ DOB: ____ / ____ / ____
LAST FIRST MIDDLE MO DY YR

HOME ADDRESS: _____
STREET CITY STATE ZIP

HOME PHONE: ____ - ____ - ____ MOBILE PHONE: ____ - ____ - ____ WORK: ____ - ____ - ____

PERSONAL E-MAIL: _____ (Do not use a government email address)

EMPLOYER: _____ OCCUPATION/RANK: _____

WORK ADDRESS: _____
STREET CITY STATE ZIP

DESIGNATED BENEFICIARY - NAME: _____ RELATIONSHIP: _____

Oath: In the presence of the Creator of the Universe and the members of the Fraternal Order of Police, I 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 elected officers; 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 confidential information of this Order to anyone not entitled to receive it. 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.

Note – Legal Plan is required for Active Law Enforcement Officers, optional for retired officers. Check all boxes that apply.

- LEGAL PLAN BENEFIT:** I _____ Print Name, hereby apply for membership in the "Fraternal Order of Police/Arizona Labor Council, Inc." (ALC) for Legal Plan Benefit coverage. I authorize the "ALC" to act as my official representative in job related matters concerning my wages, hours, and conditions of employment in order to promote and protect my economic welfare. **NOTE:** Also complete the \$30 checking account dues deduction form (ACH Debit).
- VOLUNTARY PAC CONTRIBUTION:** I understand, and agree, that annually, \$2.00 of my dues will be designated as an Arizona FOP PAC contribution. Does not increase dues.

APPLICANT SIGNATURE DATE

F.O.P. LODGE 5 SECRETARY

F.O.P. LODGE PRESIDENT SIGNATURE

ALC REPRESENTATIVE

- ALC dues will be paid:**
- Direct deposit by debit from checking account [attach Authorization Agreement for Direct Payment (ACH Debits)]
- By cash directly to the ALC (pre-arrangement required)

Local Lodge: Make 3 copies, forward original and one copy to the ALC, give a copy to the member, retain a copy for your lodge records

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

EFFECTIVE: _____ DATA ENTRY: _____ BY: _____ MODIFIED/ADDED: _____
DATE DATE DATE

Revised June 5, 2012

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 **\$30.00 per month, (\$10.00 FOP dues to Lodge #05 and \$20.00 to ALC)** to such account on or between the 25th to the 28th of each month. Transactions will begin the month following the date of this authorization.

MY DEPOSITORY NAME: (bank, credit union, etc.) _____

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: _____
DATE: _____

NAME: _____
DATE: _____

SIGNATURE: _____

SIGNATURE: _____

IF YOU DO NOT HAVE A VOIDED CHECK, PLEASE WRITE THE BANK ROUTING NUMBER AND ACCOUT NUMBER BELOW:

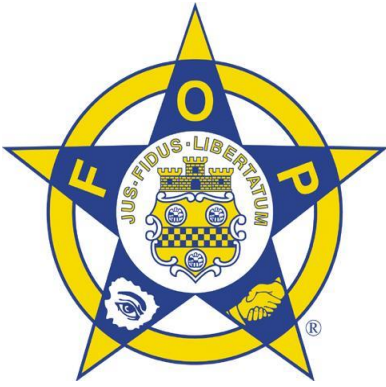
ROUTING NUMBER _____ **ACCOUNT NUMBER** _____

FOR FOP/ALC OFFICE USE ONLY: RECEIVED BY: _____ DATE: _____ DATA INPUT BY: _____ DATE: _____

START: _____ SPCD: _____

ORIGINAL - FOP/ALC.

PHOTOCOPY FOR MEMBER



The Fraternal Order of Police, Maricopa Lodge 5, offers membership to all law enforcement officers within the Maricopa County Sheriff's Office, MCSO Detention Officers and law enforcement officers of other local law enforcement agencies within Maricopa County. Additionally, officers who have retired from any law enforcement agency who now live in Maricopa County are eligible for membership.

Our general membership meetings are held on the 4th Tuesday of each month at 7 pm. at a location announced by the lodge executive board.

Maricopa Lodge Five Membership Application Instructions:

- **Print and complete the Membership Application.**
 - **Active Law Enforcement Officers and Detention Officers are required** to select the FOP ALC Legal Plan Benefit.
 - **Retired Officers/Detention Officers**, who no longer work for a law enforcement agency, are **not** required to select the FOP ALC Legal Plan Benefit, however, it is an available option.
- **Fill out the appropriate ACH Debit Form.** The debit form authorizes the FOP ALC to debit your checking account monthly. The dues will be deducted from your bank account between the 25th to the 28th of each month.
 - Use the top form if you are currently working for a law enforcement agency.
 - Use the bottom form if you are retired.
 - Attach a blank voided check to the ACH form.
- **Attach a check for your first month's dues**
 - \$30 check for active officers – includes the Legal Plan Benefit – Payable to Maricopa Lodge 5.
 - \$10 check for retired officers – does **not** include the Legal Plan Benefit – Payable to FOP 5.
- **Mail the completed application, ACH debit form, the blank voided check and the check for the first month's dues to:**

Fraternal Order of Police
 Maricopa Lodge Five
 16772 W. Bell Road #110-108
 Surprise, AZ. 85374

Fraternal Order of Police Arizona Labor Council



177 N. Church Avenue, Suite 314
 Tucson, Arizona 85701
 Membership Office: (877) 547-3500
 alc@fopalc.com / www.fopalc.com

Contact FOPALC Law Firm Directly
 Yen, Pilch, Komadina & Flemming P.C.
 6017 N. 15th Street
 Phoenix, Arizona 85014
 (602) 241-0474
 (800) 489-2585

After Hours Critical Incident Toll Free Phone: (888) 382-8805