

**Fraternal Order of Police
Phoenix Lodge 2
Membership Application**

Name: _____ DOB: _____

Home Address: _____
Street City State Zip Code

Home Phone: _____ Work #: _____ Cell #: _____

E Mail Address: _____ Squad: _____ Badge Number: _____

Employer & Address/Phone #: _____

ACTIVE DUTY OFFICER MUST HAVE FOP/ALC MEMBERSHIP

If you would like FOP/Arizona Labor Council (legal coverage) – Your dues are \$35.00 monthly (\$15.00 FOP Monthly dues + \$20.00 ALC Monthly dues)

Attach a check for \$55.00 this covers \$20.00 administration fee (one time only) and first month FOP/ALC Dues.

Fill out and sign if you are applying for FOP/Arizona Labor Council (legal plan):

I, _____ hereby apply for membership in the “Fraternal Oder 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.

I, _____, 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 of the laws and rules of this Order; that I will recognize the authority of my legally 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.

Phoenix Lodge 2 stands as a Fraternal Lodge and is committed to serve its membership by positively promoting and supporting Brothers and Sisters of the Lodge. Lodge 2 is not a labor lodge and does not exist to bargain for wages, hours or working conditions and does not provide representation for disciplinary matters. Legal services is provided through the Arizona Labor Council for an additional cost.

VOLUNTARY PAC CONTRIBUTION: I understand, and agree, that annually, \$2.00 of my dues will be designated as an Arizona FOP PAC contribution. This does not increase my dues.

Applicant 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: _____

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 **\$35.00 per month, (\$15.00 FOP dues to Lodge #02 plus \$20.00 ALC dues)** 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.) _____
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: _____ LAST 4 SSN: _____

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