

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 AD	DRESS:				
		STREET	CITY	STATE	ZIP
HOME PHO	ONE:	MOBILE	PHONE:	WORK:	
PERSONA	L E-MAIL:		(Do not use a	government email address)	
EMPLOYE	ER:		OCCUPA	TION/RANK:	
WORK AD	DDRESS:	STREET	CITY	STATE	ZIP
DESIGNAT	ΓED BENEFICIARY - Ν	IAME:	RELAT	TIONSHIP:	
□ Ll Po rep ecc	EGAL PLAN BENEFIT blice/Arizona Labor Countries entative in job related conomic welfare. NOTE:	Frint Name T: I cil, Inc." (ALC) for Legal I matters concerning my w Also complete the \$30 ch RIBUTION: I understand, an	, hereby plan Benefit coverage. I autrages, hours, and conditions decking account dues deduction agree, that annually, \$2.00 of	by apply for membership in the thorize the "ALC" to act as so of employment in order to poon form (ACH Debit).	he "Fraternal Order of my official romote and protect my
			APPLICANT SI	IGNATURE	DATE
F.O.	.P. LODGE 5 SECRETARY	F.O.P. LODG	E PRESIDENT SIGNATURE	ALC REPRESENTA	TIVE
ALC dues	will be paid:				
Direct of	deposit by debit from che	ecking account [attach Aut	thorization Agreement for Di	irect Payment (ACH Debits)]
By cash	h directly to the ALC (pre	e-arrangement required)			
	Local Lodge: Make 3 copie	s, forward original and one cop	by to the ALC, give a copy to the 1	nember, retain a copy for your lo	dge records
FOR ALC OFFIC MEMBER 1	DAGIZEE DECERTEDA	PAYME	ENT METHOD:	AMOUNT	: \$
EFFECTIV		DATA ENTRY:	BY:		D:

Dues Deduction Forms: Use only one form. The second name and signature block is provided for the account co-signer - if required.

✓ **ACTIVE OFFICER:** Use the below dues deduction form. Dues: \$30 per month. **FOP Membership and Legal** Defense Plan Included: Attach a blank voided check

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBITS)

COMPANY NAME: THE FRATERNA	IL ORDER OF POLICE,	, ARIZONA LABOR	COUNCIL, INC.			
I (we) hereby authorize THE FRATERNAL OI initiate debit entries to my (our) Checking account to debit the same of an amount not to exceed \$30 between the 25 th to the 28 th of each month. Trans	nt indicated below at the financi .00 per month, (\$10.00 FOP du	al institution (hereinafter " les to Lodge #05 and \$20.0	DEPOSITORY ") named below. 10 to ALC) to such account on or			
MY DEPOSITORY NAME: (bank, credit union,	etc.)					
ADDRESS:	CITY:	STATE:	ZIP:			
This authorization is to remain in full force and termination in such time and in such manner as to						
NAME:	NAME: _	NAME:				
DATE:	DATE:					
SIGNATURE:	URE: SIGNATURE:					
**A VOIDED CHECK, OR A COPY OF ONE AUTHORIZATION.						
FOR OFFICE USE RECEIVED BY: DA	TE: DATA INPUT BY: _	DATE:				
RETIRED OFFICER: Use the below (no LEGAL PLAN BENEFIT). Attack AUTHORIZATION ACCOMPANY NAME: THE FRATERNA	n a blank voided <mark>check.</mark> GREEMENT FOR DIRE	CT PAYMENT (ACH	I DEBITS)			
I (we) hereby authorize THE FRATERNAL OI initiate debit entries to my (our) Checking accout to debit the same of an amount not to exceed \$10 the 28 th of each month. Transactions will begin the	nt indicated below at the financi .00 per month, (\$10.00 FOP do	al institution (hereinafter " ues to Lodge #05) to such	DEPOSITORY ") named below			
MY DEPOSITORY NAME: (bank, credit union,	etc.)					
ADDRESS:	CITY:	STATE:	ZIP:			
This authorization is to remain in full force and termination in such time and in such manner as to						
NAME:	NAME: _					
DATE:	DATE:					
SIGNATURE:	SIGNATU	URE:				
**A VOIDED CHECK, OR A COPY OF ONE AUTHORIZATION.	OF YOUR VOIDED CHECK	S, MUST BE ATTACHE	D TO THIS			

FOR OFFICE USE RECEIVED BY: _____ DATE: ____ DATA INPUT BY: _____ DATE: ____

ORIGINAL - FOP/ALC, INC. 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 at the FOP Lodge, 12851 N 19 Ave, Phoenix, on the 4th Tuesday of each month at 7 pm. The Labor/MOU/Rep Committee Meetings for officers working for Maricopa County, Goodyear PD, and the City of Maricopa are held as announced by the committees.

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.
 - o **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.
 - o Use the top form if you are currently working for a law enforcement agency.
 - o Use the bottom form if you are retired.
 - o Attach a blank voided check to the ACH form.
- Attach a check for your first month's dues
 - o \$30 check for active officers includes the Legal Plan Benefit Payable to the FOP ALC.
 - o \$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 PO Box 8170 Glendale, AZ 85312

• If you have any questions about the Legal Plan Benefit call Jim Mann at (602) 421-8759

