

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 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.) _____

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: _____ NAME: _____

DATE: _____ DATE: _____

SIGNATURE: _____ 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: _____

- ✓ **RETIRED OFFICER:** Use the below dues deduction form if you are applying for retired FOP membership only (no LEGAL PLAN BENEFIT). Attach a blank voided check.

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 **\$10.00 per month, (\$10.00 FOP dues to Lodge #05)** 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.

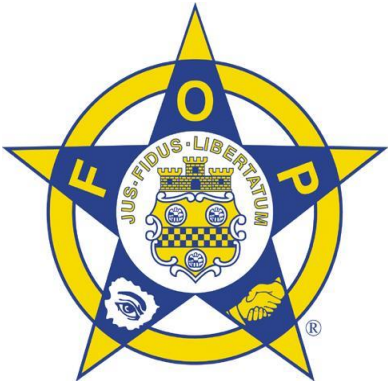
NAME: _____ NAME: _____

DATE: _____ DATE: _____

SIGNATURE: _____ 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: _____



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 the FOP ALC.
 - \$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