

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

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security # \_\_\_\_\_

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 Order 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.

**FOP members (No legal coverage) dues monthly will be \$15.00 – New Members - attach a check for \$35.00 this covers \$20.00 administration fee (one time only) and first month FOP Dues.**

**Fill out and sign if you are applying for FOP membership only  
(No legal plan):**

I, \_\_\_\_\_, Retired from the \_\_\_\_\_, do hereby make application for membership in the Fraternal Order of Police, Phoenix Lodge #2, Inc. If my membership should be revoked or discontinued for any reason, I do hereby agree to return to this Lodge my membership card and any other material reflecting the F.O.P. insignia such as auto emblem, lapel pin, etc.

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.

**My ALC dues will be paid:**

- Through my local lodge # \_\_\_\_\_
- Direct deposit by debit from my checking account [attach Authorization Agreement for Direct Payment (ACH Debits)]
- By cash directly to the ALC

**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 25<sup>th</sup> to the 28<sup>th</sup> 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