Fraternal Order of Police
Arizona Labor Council

177 N. Church, Suite 314, Tucson, AZ 85701
Application for Membership
This application also provides your dependants with legal coverage

Local Lodge:

SCOTTSDALE
35

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

HOME ADDRESS: _____
STREET CITY STATE ZIP

HOME PHONE: ___-___-___ WORK PHONE: ___-___-___ PAGER: ___-___-___

MOBILE: ___-___-___ HOME E-MAIL: _____

EMPLOYER: _____ OCCUPATION/RANK: _____

WORK ADDRESS: _____
STREET CITY STATE ZIP

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

_____ _____
SIGNATURE DATE

_____ _____ _____
MEMBER WITNESS SIGNATURE F.O.P. LODGE PRESIDENT SIGNATURE ALC OFFICE MANAGER SIGNATURE

My ALC dues will be paid:

- ☐ Through my local Lodge # 35 by check or cash for the calendar year
- ☐ Direct deposit by debit from my checking account [attach Authorization Agreement for Direct Payment (ACH Debits)]

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

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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: _____

Revised August 10, 2018

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 **$25.00 per month, ($20.00 ALC dues and $5.00 to Lodge 35)** 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: _____ NAME: _____
DATE: _____ 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