



# Fraternal Order of Police

## MARICOPA LODGE NO. 5

### AND

## ARIZONA LABOR COUNCIL



### Combination Application for Membership

If selected, this application is subject to the terms of the legal plan  
Which may cover your entire family with legal coverage.

NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
FIRST MIDDLE LAST MO DY YR

HOME ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

MOBILE PHONE: \_\_\_\_-\_\_\_\_-\_\_\_\_ HOME PHONE: \_\_\_\_-\_\_\_\_-\_\_\_\_ WORK: \_\_\_\_-\_\_\_\_-\_\_\_\_

PERSONAL E-MAIL: \_\_\_\_\_ (Do not use a government email address)

EMPLOYER: \_\_\_\_\_ OCCUPATION/RANK: \_\_\_\_\_ BADGE#: \_\_\_\_\_

RETIRED: ☐ (If yes) RETIREMENT DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO DY YR

WORK ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

DESIGNATED BENEFICIARY - NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**Oath:** In the presence of the Creator of the Universe and the members of the Fraternal Order of Police, I 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 elected officers; 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 confidential information of this Order to anyone not entitled to receive it. 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.

**Note – Legal Plan is required for Active Law Enforcement Officers, Optional for retired officers. Check all boxes that apply.**

☐ **LEGAL PLAN BENEFIT:** I \_\_\_\_\_, hereby apply for membership in the "Fraternal Order of Police/Arizona Labor Council, Inc." (ALC) for Legal Plan Benefit coverage. I authorize the "ALC" to act as my official representative in job related matters concerning my wages, hours, and conditions of employment in order to promote and protect my economic welfare.

**NOTE:** Also complete the \$35 Monthly for Active Officers or \$360 Annually for Retired Officers checking account dues deduction form on page 2 (ACH Debit).

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

\_\_\_\_\_  
(Print Name) (Applicant Signature) \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

\_\_\_\_\_  
(F.O.P. MARICOPA LODGE 5 SECRETARY) ( F.O.P. MARICOPA LODGE 5 PRESIDENT SIGNATURE) \_\_\_\_\_  
(ALC REPRESENTATIVE)

**ALC dues will be paid through direct deposit by debit from checking account [attach Authorization Agreement for Direct Payment (ACH Debits)]**

FOR FOP/ALC OFFICE USE ONLY

MEMBER PACKET RECEIVED? \_\_\_\_\_ PAYMENT METHOD: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_  
Y / N CASH / CHECK # / M.O. #

EFFECTIVE: \_\_\_\_\_ DATA ENTRY: \_\_\_\_\_ BY: \_\_\_\_\_ MODIFIED/ADDED: \_\_\_\_\_  
DATE DATE

# AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBITS)

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 sum amount not to exceed **\$35.00 per month, (\$15.00 FOP dues to Maricopa Lodge 5 and \$20.00 to ALC)** 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.

This authorization is to remain in full power and in effect until the **FOP/ALC** has received written notification from me (or either one of us) of its termination in such time and in such a manner as to afford the **FOP/ALC** and my (our) **DEPOSITORY** a reasonable opportunity to act on it.

**IF YOU DO NOT HAVE A VOIDED CHECK, PLEASE WRITE THE BANK ROUTING NUMBER AND ACCOUNT NUMBER BELOW:**

YOUR NAME  
1234 MAIN ST.  
CHATTANOOGA, TN 37405

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

DOLLARS

1 234 56 789 0001 234 56 789 1 234

**ROUTING NUMBER** **ACCOUNT NUMBER**

**TCF** your convenience bank.

John Smith  
123 Your Address  
Anywhere, USA 55402

Pay to the Order of \_\_\_\_\_ \$ \_\_\_\_\_

Dollars

**TCF BANK** www.tcfbank.com  
Open 7 Days

Memo \_\_\_\_\_

1 234 56 789 0 1 234 56 789 0

**Routing Number** **Checking Account Number**

**DEPOSITORY (BANK) NAME:** \_\_\_\_\_ **ACCOUNT TYPE:** ☐ SAVINGS ☐ CHECKING

**ROUTING NUMBER** \_\_\_\_\_ **ACCOUNT NUMBER** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
(ACCOUNT HOLDER)

**NAME:** \_\_\_\_\_  
(ACCOUNT HOLDER)

**SIGNATURE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MO DY YR

**DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MO DY YR

FOR FOP/ALC OFFICE USE ONLY:

**RECEIVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DATA INPUT BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**START:** \_\_\_\_\_ **SPCD:** \_\_\_\_\_



# MARICOPA

## FOP LODGE 5

The Fraternal Order of Police, Maricopa Lodge 5, offers membership to all law enforcement officials within the Maricopa County. Additionally, officers who have retired in good standing from any law enforcement agency and had prior arrest authority who now live in Arizona are eligible for membership with the *Fraternal Order of Police, Maricopa Lodge 5*.

Our general membership meetings are held on the 4<sup>th</sup> Tuesday of each month at approximately 1830 Hours at a location announced by the lodge executive board. (Meeting Dates are Subject to Change)

### Maricopa Lodge Five Membership Application Instructions:

- **Print and complete the Membership Application.**
  - **Active Law Enforcement Officers are required** to select the FOP ALC Legal Plan Benefit.
  - **Retired 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 FOP ALC to debit your checking account monthly for Active Officer and annually for Retired Officer. Membership dues will be deducted from your bank account between the 25th to the 28th of each month and mid-September for annual deductions.
  - Complete page 1 if you are retired or currently employed by a law enforcement agency.
  - Complete page 2 for ACH authorization for FOP ALC Legal Plan Benefit.
  - Attach a voided blank check with page 2 (ACH form).
- **Attach a check for your first month's membership dues (NO MONEY ORDERS):**
  - \$35 check for active officers – Includes the Legal Plan Benefit – Make Payable to “Maricopa Lodge 5”.
  - \$120 (Annual) check for retired officers – That does **NOT** include the Legal Plan Benefit – Make Payable to “Maricopa Lodge 5”.
  - \$360 (Annual) check for retired officers – Includes the Legal Plan Benefit – Make Payable to “Maricopa Lodge 5”.

Monthly amount: ☐ \$35 – (Active Officers) Maricopa Lodge 5 Membership & the Legal Plan Benefit (ALC)

Annual Amount: ☐ \$120 – (Retired Officer) Maricopa Lodge 5 Membership **Without** the Legal Plan Benefit (ALC)  
(Payment Due by September 15<sup>th</sup> for the following year of membership)

Annual Amount: ☐ \$360 – (Retired Officer) Maricopa Lodge 5 Membership and the Legal Plan Benefit (ALC)  
(Payment Due by September 15<sup>th</sup> for the following year of membership)

- **Mail the completed application, ACH debit form, the blank voided check and the check for the first Month or Annual membership dues to:**

**Fraternal Order of Police**  
**MARICOPA LODGE NO. 5**  
16772 W. Bell Rd, Ste 110-108  
Surprise, Arizona 85374  
Phone: 480.369.7729  
[www.MaricopaLodge5.com](http://www.MaricopaLodge5.com)