



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 (MM/DD/YYYY)

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: _____
(MM/DD/YYYY)

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 25th to the 28th 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 56 789 000 1 234 56 789 1 234

ROUTING NUMBER **ACCOUNT NUMBER**

TCF your convenience bank.

John Smith
123 Your Address
Anywhere, USA 55402

101
000-00/000

Date _____

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: _____

DATE: _____

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 4th 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 15th for the following year of membership)

Annual Amount: ☐ \$360 – (Retired Officer) Maricopa Lodge 5 Membership **With** the Legal Plan Benefit (ALC)
(Payment Due by September 15th 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