



Fraternal Order of Police Mesa Associate Lodge

Arizona Labor Council MEMBERSHIP APPLICATION Mesa F.O.P. Lodge 9 Associates
The ALC portion of this application covers your entire family with legal coverage.



\$30.00 Single Membership (Spouses Included) \$60.00 Business Membership

Name: _____ Spouse/Partner: _____
LAST FIRST LAST FIRST
Address: _____
STREET CITY STATE ZIP
Home Phone: () _____ E-mail address: _____

This section for Mesa PD employees: Department Name and RC # _____
Work Phone: _____ Occupation/Rank _____
Do you want legal coverage from the F.O.P./Arizona Labor Council? YES NO
If you answered YES and are a Mesa Police Department employee, you can include legal coverage from the ALC by filling in only your name, signature, employee number, and date on the Direct Deposit card below. **The cost is \$10.50 per paycheck, which includes your \$30.00 FOPA membership (do not include a check for \$30.00).**

**Please send completed form and check (if not electing ALC legal coverage) to:
By mail to FOPA Mesa Lodge 9, PO BOX 796, Mesa AZ 85201-0796 or
By inter-office mail to Paul Ortman – Superstition Police Station**

--- Do Not Write In This Section ---

Date Renewed: _____ Check #: _____ Decal Issued: YES _____ NO _____
Card Number Issued: _____ Secretary Signature: _____

FOR ALC OFFICE USE ONLY
MEMBER PACKET RECEIVED? _____ PAYMENT METHOD: _____ AMOUNT: \$ _____
Y/N CASH / CHECK # / M.O. #
EFFECTIVE: _____ DATE DATA ENTRY: _____ DATE BY: _____ MODIFIED/ADDED: _____
Cut on dotted line. Send bottom to Payroll. Make 3 copies of top: original and 1 copy to ALC; 1 copy to member; 1 copy to Mesa F.O.P.A.

NEW DIRECT DEPOSIT / CHANGE OF DIRECT DEPOSIT / CANCELLATION OF DIRECT DEPOSIT

Employee Name _____ Employee Number _____
Employee Signature _____ Date _____

AUTHORIZATION OF NEW DIRECT DEPOSIT

I authorize the City of Mesa to withhold from each payroll check the amount of \$ 10.50 OR NET (100%) PAY and forward the funds to the following financial institution to be deposited as follows:

Financial Institution Name Arizona Federal Credit Union Account Number 40638 Checking Saving

AUTHORIZATION TO CHANGE EXISTING DIRECT DEPOSIT

I authorize the City of Mesa to change my existing account at:

Financial Institution Name _____ Account Number _____ Checking Saving

Effective immediately, the biweekly withholding should be changed: FROM _____ TO _____

AUTHORIZATION TO CANCEL AN EXISTING DIRECT DEPOSIT

I authorize the City of Mesa to cancel my existing account at:

Financial Institution Name _____ Account Number _____ Checking Saving

This amount may be increased by a cost of living adjustment when approved by a vote of the membership.