



Fraternal Order of Police

Arizona Labor Council

MEMBERSHIP APPLICATION

Mesa F.O.P. Lodge 9

This application covers your entire family with legal coverage.



Name: _____
LAST FIRST MIDDLE INITIAL

Address: _____
STREET CITY STATE ZIP

Home Phone: _____ - - - - - Work Phone: _____ - - - - - Pager: _____ - - - - -

Mobile Phone: _____ - - - - - Home email address: _____

Agency: _____ Occupation/Rank _____

Spouse/Partner: _____
LAST FIRST

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.

My dues will be paid monthly through Mesa F.O.P. Lodge 9. _____ / ____ / ____
SIGNATURE DATE

MEMBER WITNESS SIGNATURE MESA F.O.P. LODGE 9 PRESIDENT SIGNATURE ALC CHAIRMAN SIGNATURE

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: _____

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.

Dear Potential F.O.P. Member,

We are happy to extend you membership in our Lodge.

Since you do not have automatic deposit, you will need to pay your dues by cash. The dues include your legal plan and are can be paid as follows:

- Quarter year: \$84.00
- Half year: \$168.00
- Full year: \$336.00

Return a check with your application to cover one of the above time periods. Our treasurer will send you follow-up bills at the appropriate time.

Welcome to the Mesa F.O.P. Lodge 9 family.

Fraternally,
 Bryan G. Soller
 President, Mesa F.O.P. Lodge 9
president@mesafop.com
 480.226.0149