

Fraternal Order of Police Mesa Associate Lodge

Arizona Labor Council MEMBERSHIP APPLICATION

Mesa F.O.P. Lodge 9

The ALC portion of this application covers your entire family with legal coverage. Associates



Name: Address: STREET Home Phone: ()		FIRST	Spouse/Partne			
Address: STREET		FIRST				
				LAST	FIRST	
		E-mail addro	ess:	STATE	Z1	IP
This section for Police em	ployees:		Agency			
Work Phone:		_	Position			
by completing	d YES and are the bottom por	a Police Departmention of this form.	Council?	n include legal coverage routh, which inclu		
Pleas			and check (if not edge 9, PO BOX 99) to:
AUTH	IORIZATIO	ON AGREEM	ENT FOR DIRE	CT PAYMENT (ACH DEF	RITS)
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