



FRATERNAL ORDER OF POLICE
GRAND CANYON STATE LODGE #32
ARIZONA LABOR COUNCIL
P.O. BOX 1310
PHOENIX, ARIZONA 85001
 (COMBINATION FOP/ALC MEMBERSHIP APPLICATION)



NAME: _____ D.O.B.: _____ BADGE #: _____ Sex: M / F (circle)

ADDRESS: _____ HOMEPHONE: (_____) _____

CITY: _____ STATE: _____ ZIP: _____ CELL PHONE: (_____) _____

AGENCY: _____ POSITION: _____

BUSINESS-ADDRESS: _____ WORKPHONE: (_____) _____

E-MAIL: _____ RECOMMENDED-BY: _____

APPROVED: ___ REJECTED: ___ TRANSFER: ___ HAVE YOU BEEN A MEMBER OF F.O.P.? _____ WHAT LODGE? _____

OATH: 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 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.

STATE OF ARIZONA
EMPLOYEE PAYROLL INFORMATION AND DEDUCTION AUTHORIZATION

I hereby authorize the Department of Public Safety Finance Section to deduct in each pay period from salary earned by me in the amount shown hereon, for the purpose indicated. This authorization cancels any previous FOP deduction authorization signed by me and shall remain in effect until canceled by me with written notice. It is expressly understood and agreed that the DPS Finance Section shall not be liable in any manner for failure or delay on their part deduction or payments here authorized and I agree to hold harmless the DPS Finance Section from any loss sustained by them from their failure or delay in making any such deduction or payments.

Activate Dues: \$ **35** FRATERNAL ORDER OF POLICE LODGE #32 (FOP/ALC/ASTLC)

 Employee Signature Badge Date

FOR ALC USE ONLY

Member packet received? _____ Payment method: _____ Amount: \$ _____ Effective: _____
 Y/N Payroll/Debit Revised January 20, 2005