



# FRATERNAL ORDER OF POLICE

## Lodge 44 for Corrections



### ASSOCIATE APPLICATION

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

NON WORK EMAIL: \_\_\_\_\_

WORK LOCATION: \_\_\_\_\_ UNIT: \_\_\_\_\_ RANK: \_\_\_\_\_

DATE OF HIRE: \_\_\_/\_\_\_/\_\_\_ RECOMMENDED BY: \_\_\_\_\_

PAYMENT METHOD: (circle one) PAYROLL DEDUCT • CREDIT CARD • ACH - BANK DRAFT

**FOR CREDIT CARD PAYMENTS:** APPLICATION MUST BE COMPLETED ONLINE AT:

## WWW.AZFOP44.NET

#### MAIL OR FAX APPLICATION TO

FRATERNAL ORDER OF POLICE  
PO BOX 64861, PHOENIX ARIZONA 85861  
Or FAX application to: 888-818-1676

#### DELIVER IN PERSON

Bring the application to our monthly meeting  
held every fourth Monday at 7PM at Jerry's Restaurant  
2323 E Thomas Road • Phoenix, AZ 85016

IF YOU HAVE ANY QUESTIONS CONTACT US AT: PHONE: 623-252-1367 • FAX: 888-818-1676  
EMAIL: [INFO@AZFOP44.NET](mailto:INFO@AZFOP44.NET) • WEBSITE: [WWW.AZFOP44.NET](http://WWW.AZFOP44.NET)

This is an application for the Fraternal Order of Police, Lodge 44 Membership. Fraternal Order of Police, Lodge 44 Dues are \$15.00 per pay period (\$30 per month) which includes our legal plan. If you chose PAYROLL DEDUCT, your membership will not start until your PAYROLL DEDUCT is turned in to your Personal Office and payment is received by the Arizona Legal Council. In signing this application you also attest to the following:

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 job related matters concerning my wages, hours, and conditions of employment in order to promote and protect my economic welfare.

Further, 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 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. This application for FOP membership will not become effective until approved by the FOP Lodge 44 Membership. Legal coverage will be effective when payment is received by FOP/ALC via payroll deduction. (normally within two weeks after turning into payroll liaison)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

FOR ALC OFFICE USE ONLY

MEMBER PACKET RECEIVED: Y / N PAYMENT METHOD: (CASH/CHECK/MO#) \_\_\_\_\_ AMOUNT \$: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_/\_\_\_/\_\_\_ DATA ENTRY: \_\_\_/\_\_\_/\_\_\_ BY: \_\_\_\_\_ MODIFIED ADDED: \_\_\_\_\_