



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 • WEBSITE: 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: _____