Name on account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN#: \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_

Current address City State Zip Code

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Draft Date: Each Friday following a City of Tucson Payday**

Bi-Weekly amount: $5.00 Basic Membership

* This completed form represents a change to my **existing** Authorization for Automatic payment.



$10.00 Membership & Life Insurance

$14.50 Membership & ALC\*\*

$19.50 Membership, Life Insurance & ALC\*\*

$36 annual, Special membership

*To the officers of the Fraternal Order of Police:*

I, the undersigned, a full-time, regularly employed law enforcement officer, do hereby make application for Active Membership to the Fraternal Order of Police, Tucson Lodge #1.

If my membership should be revoked or discontinued for any cause other tham retirement while in good standing, I do hereby agree to return to said Lodge my membership card and any other material bearing the F.O.P. insignia.

I authorize my bank to make bi-weekly dues payment to the **FRATERAL ORDER OF POLICE, TUCSON LODGE #1** by method indicated above and to post it to my membership account.

I understand that I am in full control of my payment and if at any time after my membership, I decide to discontinue my membership, I must mail, deliver or email a 30 day written notice to the Fraternal Order of Police, Tucson Lodge #1 at PO Box 17629, Tucson, AZ 85731-7629. Member hereby grants the Fraternal Order of Police to initiate debit entries to the Member’s checking or savings account.

ATTACH A VOIDED CHECK HERE.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_