



**FRATERNAL ORDER OF POLICE  
ARIZONA FEDERAL LODGE  
P.O. BOX 69  
Marana, AZ 85653**



**TRANSFER OF MEMBERSHIP APPLICATION**

**APPLICANT INFORMATION**

T Shirt Size

TODAY'S DATE

Last Name

First

MI

Suffix

Address

**NON GOV E-mail**

DOB

City

State

Zip

Phone

**EMPLOYMENT INFORMATION**

Agency

Other

Duty Location

Occupation

Series

EOD

Address

FLETC Training

City

State

ZIP

Phone

**I WISH TO TRANSFER MY CURRENT MEMBERSHIP FROM**

**LODGE NAME AND NUMBER**

**MEMBERSHIP AGREEMENT**

To the officers of the Fraternal Order of Police, Federal Lodge #2 & FOPFL2/ALC:

I, the undersigned, attest that I am a Federal Law Enforcement Officer / Agent, do hereby make application for Active Membership to the Fraternal Order of Police, Arizona Federal Lodge #2. Should my membership be revoked or discontinued for any reason while in good standing, I do hereby agree to return to the Lodge my membership card and any other material bearing the F.O.P. insignia.

Dues for currently employed Agents and Officers: **\$40.00** Monthly Debit from my Checking or Saving: \*\*Membership is effective the first day of the month.

I hereby authorize THE FRATERNAL ORDER OF POLICE, FEDERAL LODGE # 2 & Arizona Labor Council, INC (hereafter "FOPFL2/ALC") to initiate debit entries to my Checking OR Savings account as indicated below at the financial institution (hereinafter "BANK/DEPOSITORY") named below, to debit the same of an amount not to exceed \$40.00 per month. Transactions will begin the month following the date of this authorization.

To the officers of the Fraternal Order of Police, Federal Lodge #2 & FOPLF2/ALC:

This authorization will remain in full force and effect until the FOP/ALC has received written notification from me of it termination in such time and in such manner as to afford the FOP/ALC and my DEPOSITORY, a reasonable opportunity to act on it. I understand that I am in full control of my payment and if at any time after membership, if I decide to discontinue my membership, I must mail, deliver or email a 30-day written notice to the Fraternal Order of Police, Federal Lodge #2 PO Box 69, Marana, AZ 85653. Named above is authorized on this account and grants the Fraternal Order of Police, Federal Lodge #2 to initiate debit entries to the following checking or savings account.

**I HAVE READ AND AGREE TO THE TERMS AND CONTITIONS OF THIS AGREEMENT**

Click to Agree

Bank Routing #

Bank Account #

Bank Name

Signature

Date

CLICK INSIDE OF SIGNATURE BOX AND FOLLOW DIRECTIONS FOR DIGITAL SIGNATURE.

**ADMIN ONLY**

Date Received \_\_\_\_\_ Entered By \_\_\_\_\_ Membership Effective \_\_\_\_\_ Date Entered \_\_\_\_\_

Direct Withdrawal \_\_\_\_\_