



Fraternal Order of Police Associates

Grand Canyon State Lodge #32

P.O. Box 1310, Phoenix, Arizona 85001

Membership Application

Applicant Name or Business Name: _____ Date of Birth: _____ Male Female

Address/Mailing Address: _____

City/State/Zip: _____

Home Phone: _____ Alternate Phone: _____

Personal Email Address: (used for newsletters and lodge info): _____ Badge #: _____

Agency: _____ Occupation: _____

Have you been a member of FOPA? Yes No Lodge # _____ Recommended By: _____

Type of Membership Requested:

Civilian Civilian LE employee with ALC Civilian LE employee with No ALC

Business DPS with ALC DPS No ALC

FOPA Oath: I swear allegiance to the Constitution of the United States, and will abide by all local laws and ordinances to the best of my ability.

Signature: _____ Date: _____

ALC 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 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.

Signature: _____ Date: _____

For FOPA Office Use only

Method of Payment:

- Check # Payroll deduction
- Cash ACH Debits
- Amount received: _____

	FOPA #32	FOP #32
Date Received		
Date Application Approved		
Date Application Rejected		
Membership Letter Sent		
Plaque Issued		

For ALC Office Use only

Member packet received? _____ Y/N Payment method: _____ Payroll/Debit Amount: \$ _____ Effective: _____