



Metropolitan Alliance of Police

235 Remington Boulevard, Suite B • Bolingbrook, IL 60440

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Application for MAP Legal Defense

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ANALYST
Alfred Molinaro

CHAPLAIN
Tammy Roach

First Name: _____ **Last Name:** _____
(print)

Department: _____ **Rank:** _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Personal Email: _____

Signature: _____ **Date:** _____

Qualifications: This plan is open to all individuals employed and on the active payroll of any state, county, municipality, township, village, fire protection district, school district, public entity, or any public sector employees or other government employee in full-time or part-time employment who are not eligible for Active MAP Membership. Only sworn law enforcement, correctional officers and certain non-sworn law enforcement employees qualify for the MAP Criminal Defense Assistance Plan.

Responsibility for Payment: Members are responsible for payment of their dues. Legal Defense members may pay monthly, quarterly, annually, or in any other amount.

Disclaimer: This application is not deemed granted until approved by MAP in writing. Upon approval you will receive membership material and a membership card. No coverage will be considered for any offense or situation occurring before this application is approved.

Please return this form to:
mjahnke@mapunion.org or Fax: 630/759-4925