



Metropolitan Alliance of Police

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Application For Legal Defense Membership

Keith R. George
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Ronald Cicinelli
Chris Potthoff
Jerry Marzullo
Raymond Garza
Gary Deuschle
Michael Butler
John Gaw

ANALYST
Alfred Molinaro

CHAPLAIN
Deacon Thomas Ross

Name (please print): _____ DOB: _____

Employer _____

Department: _____ Rank/Title _____

Home Address _____

City: _____ State: _____

ZIP _____

Personal Email: _____ Phone: _____

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.

Office use only

Date: _____