



Metropolitan Alliance of Police

235 Remington Boulevard, Suite B • Bolingbrook, IL 60440
Phone: 630/759-4925 • Fax: 630/759-1902
E-mail: mapoffice@mapunion.org • www.mapunion.org

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CHECK OFF DUES AUTHORIZATION

PLEASE RETURN TO MAP

I, the undersigned member of the Metropolitan Alliance of Police (MAP) Chapter # _____, hereby authorize and direct my employer, the _____, to deduct from my wages and to pay to the Metropolitan Alliance of Police or its authorized representative, the regular monthly dues of \$ _____ which may be owed to the Metropolitan Alliance of Police as a result of my membership therein.

This authorization shall continue to be in effect for successor contracts between the employer and the Metropolitan Alliance of Police, although the dues amount may change during the term of the contract.

Member's name: _____
(Please print) (FIRST) (LAST)

DOH: _____ Rank: _____ DOB: _____

Address: _____ City: _____
(Home)

State: _____ Zip: _____ Phone: _____
(Cell)

E-mail: _____
(Personal)

Member's signature: _____ Date: _____