



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

CHECK OFF DUES AUTHORIZATION

PLEASE RETURN TO MAP

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Alfred Molinaro

CHAPLAIN
Tammy Roach

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.

Members name: _____
(Please print) (FIRST) (LAST)

DOH: _____ Rank: _____ DOB: _____

Address: _____ City: _____
(Home)

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

E-mail: _____
(Personal)

Member's signature: _____ Date: _____

Terms and Conditions: By signing this membership application I understand and agree that: (a) my membership commences from the date I sign this form and it is received by the Metropolitan Alliance of Police; (b) incidents arising prior to this form being received by MAP shall be resolved under the Metropolitan Alliance of Police non-member policy; (c) membership renews automatically thereafter; and (d) I may revoke my membership by submitting the Membership Opt-Out form provided by the Metropolitan Alliance of Police upon request. However, in doing so, I will forfeit the rights, privileges, and benefits of membership, including the right to participate in union decisions and activities, all other rights and privileges guaranteed by the Unions By-Laws, and shall be subject to the Metropolitan Alliance of Police non-member policy.

Please return this form to:
mjahnke@mapunion.org or Fax: 630/759-1902