



Metropolitan Alliance of Police

215 Remington Boulevard Suite C • Bolingbrook, IL 60440
Phone: 630/759-4925 • Fax: 630/759-1902
E-mail: mapunion@msn.com • www.mapunion.org

CHECK OFF DUES AUTHORIZATION

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CHAPLAIN
Deacon Thomas Ross

I, the undersigned member of the Metropolitan Alliance of Police (MAP)
Chapter # _____, hereby authorize and direct my employer, _____
_____ 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.

I understand that if I refuse to sign this form, I am subjected to the fair share
arrangements set forth in the collective bargaining agreement. Fair share dues are set at
the same amount as regular monthly dues and I understand that if I am fair share, I am
not eligible for the free legal defense as an offered benefit of full dues paying status.

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: _____ Date: _____
(Please print)

Member's signature: _____ DOB: _____

Address: _____ City/State/Zip _____

Phone: _____ E-mail: _____