



## PROCEDURE FOR ASSOCIATE MEMBERSHIP

Thank you for your interest in a PPSLA Associate membership. We offer this membership to all Phoenix Police Department employees who are not sergeants or lieutenants. With membership, you will receive the full services of our legal plan, the Verizon corporate plan, training discounts, as well as retail discounts. In addition, you can always reach out to us for career advisement. Feel free to contact us at 602-258-5404 if you have any questions. Below are the steps to ensure your membership gets processed:

1. Fill out and return application to PPSLA at 620 W. Washington St (interoffice mail is allowed)
2. Complete the attached AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS form and return with your application. Dues for associate membership are **\$30 per month**. This direct deposit service is provided for PPSLA by AZCOPS.
3. Once your application has been processed, you will receive additional benefits information, including Verizon benefits, via mail from AZCOPS.
4. If you are a non-Verizon customer (AT&T, Sprint, etc) and you would like to port your number to the Verizon corporate plan, please email Gary Fierko at [gary.fierko@verizonwireless.com](mailto:gary.fierko@verizonwireless.com).
5. If you are a retail Verizon customer under a payment plan to Verizon for your phone, you will have to pay off your balance on your phone before being able to port your phone to a Verizon corporate plan.
6. If you are a current Verizon corporate plan member from another organization (PLEA, FOP, etc):
  - Email Jim Parks at [JParks@AZCOPS.org](mailto:JParks@AZCOPS.org) and advise him you signed up for PPSLA membership and request an Assumption of Liability (AOL) form. He will send the instructions with it.
  - Contact your current Verizon corporate sponsor (PLEA, FOP, etc) and ask them to release your phone line(s) to AZCOPS.
  - Once these steps are completed, your phone lines will be brought over to the AZCOPS Verizon plan and you will receive an email with a confirmation and instructions for setting up your online account.



**Associate Membership Application**

**Please return the completed form, and form of payment, and return to PPSLA at 620 W Washington St.**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City Zip Code

Home Phone: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E Mail Address(not city): \_\_\_\_\_ Assignment/Squad: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Rank/Title: \_\_\_\_\_

Employer & Address: The City of Phoenix Police Department  
620 West Washington Street  
Phoenix, AZ 85003

I hereby apply for associate membership in the Phoenix Police Sergeants and Lieutenants' Association ("PPSLA"). Associate membership is a service provided by PPSLA to non-Unit 6 members for benefits to include a legal plan, retail discounts, phone plan benefits, as well as career advisement. Associate membership does not provide for administrative representation or bargaining.

**\_\_\_\_\_ I understand my legal plan dues will be paid for by the Phoenix Police Sergeants and Lieutenants Association. In the event that my associate dues for PPSLA ends, my legal coverage could also end. Additional benefits that will cease could include, but are not limited to retail discounts and cellular plans. Benefits may continue, at PPSLA'S discretion, if I make arrangements to keep my dues current.**

**Signature:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

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**PPSLA Assumption of Liability Statement (For PPSLA Staff)**

I certify that the above individual is a member of the Phoenix Police Department and has submitted Automatic Payment enrollment to the Phoenix Police Sergeants and Lieutenants Association (PPSLA).

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

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**AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS**  
**(ACH DEBIT)**

ASSOC. NAME: **PPSLA/AZCOPS**

Association Monthly Dues: **\$30**

I (we) hereby authorize Arizona Conference of Police and Sheriffs (**AZCOPS**), here in called **COMPANY**, to initiate debit entries and to initiate, if necessary, credit/debit entries and adjustments for any entries in error to my (our) account () checking or () savings account (check one) indicated below at the BANK/CREDIT UNION named below, hereinafter called the DEPOSITORY, to credit or debit the same such account.

**BANK OR CREDIT UNION**

Name: \_\_\_\_\_

Account #: \_\_\_\_\_ Routing: \_\_\_\_\_

This authorization is to remain in full force and affect until **COMPANY** has received written notification from me (or either of us) of its termination in such manner as to afford **COMPANY** and DEPOSITORY a reasonable opportunity to act on it.

Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACH CHECK WRITTEN TO:**  
**AZCOPS**

**FOR YOUR FIRST MONTH DUES AND SEND TO**

PPSLA  
620 W. Washington St  
Phoenix, AZ 85003

***(DUES ARE COLLECTED THE WEEK OF THE 20<sup>TH</sup> OF EACH MONTH)***

