



**MEMBERSHIP APPLICATION
CALIFORNIA CORRECTIONAL PEACE OFFICERS ASSOCIATION
RETIRED CHAPTER**

Member Effective Date: CCPOA Use Only
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PAYROLL DEDUCTION AUTHORIZATION/MEMBERSHIP APPLICATION

I hereby make application for membership in the California Correctional Peace Officers Association Retired Chapter, and authorize a monthly membership dues deduction of \$5.00 from my Retirement Warrant received through the Public Employees Retirement System (PERS). The \$5.00 monthly dues will presently entitle to a life insurance policy and eligibility to certain other membership benefits.

I hereby authorize the Public Employees Retirement System to withhold from my Retirement Warrant, in accordance with the rules of said system, deductions for Association Dues until such time as I file in this same office a written request for termination. I also authorize the Association to certify to PERS the amount of the dues to be deducted, and any subsequent changes in said amount. I understand that PERS cannot process a termination notice received directly from me, and that excess deductions, taken in error will be refunded to me by the Association and not PERS. This authorization will remain in effect until cancelled by the organization at my written request. I understand that termination of membership will cancel all deductions made under this organization.

RECEIVED BY CCPOA

PRINT (LAST NAME) FIRST (MI) SSN#

STREET ADDRESS: _____ APT #: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ LISTED: ___ UNLISTED: ___

BIRTH DATE: _____ LAST EMPLOYED AT: _____ /CHAPTER: _____

JOB CLASS/TITLE: _____ CCPOA MEMBER SINCE: _____

RETIREMENT DATE: _____ BENEFICIARY: _____

RELATIONSHIP: _____

SIGNED: _____ DATE: _____ (Rev. 8/03)

You must return this application within 90 days of retirement to CCPOA or there will be a one (1) year waiting period for the membership life insurance to be effective.

MAIL TO:
CCPOA HEADQUARTERS
MEMBERSHIP DEPT.
755 RIVERPOINT DR., SUITE 200
WEST SACRAMENTO, CA 95605

FAX: (916) 372-6623