



RETIRED MEMBERSHIP APPLICATION CALIFORNIA CORRECTIONAL PEACE OFFICERS ASSOCIATION

PAYROLL DEDUCTION AUTHORIZATION/MEMBERSHIP APPLICATION

Member Effective Date: CCPOA USE ONLY
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Pursuant to Bylaws Article II, Section 4, in order to be eligible as a retired member and receive the benefits of such membership, one must have not voluntarily initiated the process to drop membership from CCPOA anytime resulting in being a non-member during the sixty (60) months prior to their retirement.

I hereby apply for membership in the California Correctional Peace Officers Association Retired Chapter and authorize a monthly deduction of \$20.00 from my retirement warrant received through the Public Employees Retirement System (PERS). The \$20.00 deduction is payment for participation in the retiree life insurance policy and other retiree membership benefits which may be available.

I hereby authorize the Public Employees Retirement System (PERS) to withhold from my Retirement Warrant, in accordance with the rules of said system, deduction for retiree benefits 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 deduction, and any subsequent changes to that amount. I understand 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 canceled by the Association at my written request. I understand terminating membership will cancel the deductions paid to CCPOA ending eligibility for benefits from the Benefit Trust Fund.

RECEIVED BY CCPOA:

Print Name

Last Name: _____ First: _____ M.I.: _____ SSN#: _____

Street Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell/Other Phone: _____ E-Mail: _____

Birth Date: _____ Last Employed At: _____ Last CCPOA Chapter: _____

Title: _____ CCPOA Member Since: _____ Retirement Date: _____

Beneficiary: _____ Relationship: _____ Phone Number: _____

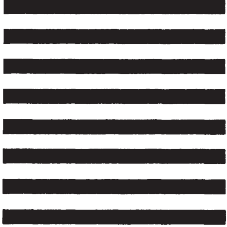
Signed: _____ Date: _____



CALIFORNIA CORRECTIONAL
 PEACE OFFICERS ASSOCIATION
 755 RIVERPOINT DRIVE, SUITE 200
 WEST SACRAMENTO, CA 95605-9975

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