❑ Recycle & Date Recycled ___/___/___ ❑ Job Title Change

Member Effective Date:

CCPOA USE ONLY

MEMBERSHIP APPLICATION

CALIFORNIA CORRECTIONAL PEACE OFFICERS ASSOCIATION

I hereby make application for membership in California Correctional Peace Officers Association (CCPOA), and authorize a membership dues deduction from my salary, in accordance with regulations of the California State Controller, and designate the CCPOA as my sole and exclusive representative for the purpose of negotiating with my employer on my behalf on all matters affecting my employment relations, including, but not limited to, wages, hours, and other terms and conditions of my employment. As condition of membership in CCPOA, I agree to abide by the constitution and By-Laws of CCPOA, and faithfully to carry out my obligations under same. Dues, for all job classes are 1.3% of top step CO salary through **July 4, 2007**. The cost to subscribe to CCPOA's publication, the Peacekeeper, is included in the cost of dues. Also, a percentage of your dues will be used for political action. Either way this will not affect your dues. Check, if opposed [ ].

This authorization will remain in effect until cancelled by the organization at my written request subject to the provisions of any Memorandum of Understanding in effect between the State and CCPOA that applies to my classification. I understand that termination of membership will cancell all deductions made under this organization. Contributions, gifts, or dues to CCPOA are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses.

RECEIVED BY CCPOA:

Clearly Print Name: _____ ( ) _____
First M.I. Last

SSN# _____ Are you a permanent intermittent employee (PIE)? ❑ Yes ❑ No

HOME ADDRESS: _____ APT#: _____

CITY/TOWN: _____ STATE _____ ZIP CODE: _____

HOME PHONE NO.: ( ) _____ E-MAIL: _____

ALT. PHONE NO.: ( ) _____ BIRTHDATE: ___/___/___

EMPLOYED AT (Facility): _____ CCPOA CHAPTER: _____

JOB TITLE: _____ Academy Only (Start of Class/Date): _____

COLLECTIVE BARGAINING STATUS: ❑ Rank and File ❑ Excluded from bargaining

BENEFICIARY'S NAME: _____ (Relationship) _____ Phone: ( ) _____

Signed: _____ Date: _____