



RETIRED MEMBERSHIP APPLICATION CALIFORNIA CORRECTIONAL PEACE OFFICERS ASSOCIATION

PAYROLL DEDUCTION AUTHORIZATION/MEMBERSHIP APPLICATION

Member Effective Date:
CCPOA USE ONLY

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 be an uninterrupted member in good standing, except for leaves of absence, from July 1, 2018 until the date their retirement becomes effective or sixty (60) consecutive months prior to their retirement (whichever is shorter).

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 termination of membership will cancel all deductions made under this organization.

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: _____

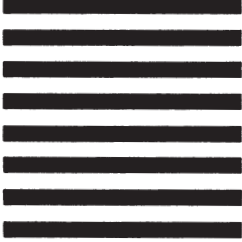
Title: _____ CCPOA Member Since: _____ Retirement Date: _____

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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