

# Houston Police Organization of Spanish Speaking Officers

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Name of Employee	Payroll Number	Date of Birth
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Mailing Address(city & zip)	Home Phone	Male <input type="checkbox"/> Female <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Circle
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Date of Employment	Division	Assignment & Hours
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E-Mail Address \_\_\_\_\_

I am actively employed today as a regular full-time, full-pay employee and I hereby apply for membership in the Houston Police Organization of Spanish Speaking Officers.

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Date of Application	Signature & Rank
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City of Houston  
Payroll Deduction Authorization and Cancellation Form

\_\_\_\_\_ hereby authorize the City of Houston to deduct/stop  
 Print Name (circle one)

**\$15.00** from my pay each scheduled cycle and remit to the Organization of Spanish Speaking Officers,  
 901 North Loop, Houston, Texas 77022

I understand the City of Houston neither sponsors nor endorses the product or services purchased from the above company, nor does it attest to the worth or value of the product or service. I understand, except when restrictions by federal laws apply, that I may cancel this authorization at any time, in writing, by executing a Form 6(revised 10/91). In consideration of the City providing this service, I agree not to hold the City liable for any loss resulting from failure to deduct and/or remit the payment specified. I will pay directly to the Company and moneys not withheld during a payroll cycle. I will request directly from the Company any change to my address, however if I fail to do so, I authorize the City to release my address of record to the company. I certify that no portion of this deduction is for Political action Committee(PAC) or any other purpose prohibited by City of Houston Legislation.

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Employee's Signature	Date of Signature
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( TO BE COMPLETED BY PAYROLL CLERK )

Employee SS# \_\_\_\_\_ Dept. No: 10 Dept. Name: POLICE

Check Appropriate Box(s)	Amonut	Type	Plan	Date	Name
<input type="checkbox"/> Start Amonut	<u>\$15.00</u>	<u>HPOSS</u>	<u>Assoc</u>	_____	_____
<input type="checkbox"/> Change if New amount	_____	_____	_____	_____	_____
<input type="checkbox"/> Stop Amount:	_____	_____	_____	_____	_____
<input type="checkbox"/> One-Time Deduction:	_____	_____	_____	_____	_____
<input type="checkbox"/> One-time Refund	_____	_____	_____	_____	_____