



ARIZONA CORRECTIONAL PEACE OFFICERS ASSOCIATION

Office: (602) 253-8929 Fax: (602) 253-9313
1144 E. McDowell Rd., Ste. 401
Phoenix, AZ 85006-2664
www.azcpoa.org ~ office@azcpoa.org

AZCPOA APPLICATION FOR MEMBERSHIP

I, the undersigned, a full-time employee of an eligible class, do hereby make application for active membership in the Arizona Correctional Peace Officers Association (AZCPOA), as well as any organization deemed appropriate.

Name: _____
 First Mid. Init. Last E.I.N. Rank

Mailing Address _____ City, State _____ Zip Code _____

Home Phone: _____ Cell Phone: _____ Other _____

Contact: _____

Agency: _____ Facility/Unit _____ Personal Email: _____

Shift: _____ RDO's _____

Name of Beneficiary _____

Membership dues are \$25.00 per month. AZCPOA is a non-profit labor organization. AZCPOA dues are tax deductible. I hereby authorize the State of Arizona Department of Administration, to deduct the total amount listed above from my wages. (24 pay periods of deductions at \$12.50 taken annually)

Signature _____ Today's Date _____