



# ARIZONA CORRECTIONAL PEACE OFFICERS ASSOCIATION

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## 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 \_\_\_\_\_