

# The Cleveland Police Patrolmen's Association

## Application for Membership and Authorization for Dues Deduction

I hereby apply for membership in the C.P.P.A. and authorize it to represent me and to negotiate on my behalf with the City of Cleveland regarding the terms and conditions of my employment.

I further authorize the City of Cleveland to deduct from my pay and pay over to the C.P.P.A. monthly dues and any other authorized sums in such amount as may be certified to the City by the C.P.P.A.. This authorization is to continue until withdrawn by me in accordance with law.

\_\_\_\_\_ By placing my initials here, I request participation in the Excessive Discipline (a.k.a. Suspension) Fund at a cost of \$15.00 per month added to my dues.

### PLEASE PRINT CLEARLY:

Name: \_\_\_\_\_ Payroll No.: \_\_\_\_\_

Classification: \_\_\_\_\_ Badge No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Best Phone Number\*: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Department: Public Safety Division: Police Date of Appointment: \_\_\_\_\_

\*By providing a mobile phone number, I agree that the C.P.P.A. may send SMS or MMS messages (text messages) to me. I understand that I can opt-out at anytime.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_