



# Nevada Highway Patrol Association

## Membership Application

PO Box 11310  
Reno, Nevada 89510-1310

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Personal Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Personal Email (*mandatory*): \_\_\_\_\_

Division: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duty Station: \_\_\_\_\_ NEATS #: \_\_\_\_\_

I understand that this application in the Nevada Highway Patrol Association (NHPA) authorizes NHPA to represent me in the matters pertaining to my employment with the State of Nevada.

I hereby authorize the payroll department to deduct from my salary the membership dues in effect at this time or as modifies in the future. This authorization will remain in effect until canceled by me or by the NHPA. NAC 281.260, as amended and adopted February 4, 2004, provides that a state employee may only cancel a payroll deduction request within the two weeks directly preceding the anniversary date when they initially requested payroll deductions.

Please begin my \$25.00 per pay period deductions (*circle one or fill in the date*):

Immediately or After (*date*) \_\_\_\_\_

NHPA Member's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referred by: \_\_\_\_\_

**Thank you for joining The Nevada Highway Patrol Association**