



P.O. BOX 92462  
CITY OF INDUSTRY, CA 91715

## MEMBERSHIP APPLICATION

(Monthly Dues \$4.00)

Via Payroll Deduction

Name		
Phone Number	Work Email Address	Home Email Address
Payroll Title	Item No.	Employee No.
Department		Dept. No.
Home Address		

### **Membership**

"I hereby authorize the Professional Peace Officers Association (or LACHMA agent) to deduct monthly from salary earned by me in any County/Court department/agency from which I am employed the amount below:"

**LACHMA Membership dues are \$4.00 a month and are collected via payroll deduction through the Professional Peace Officers Association (PPOA).**

This authorization cancels/replaces any previous authorizations approved by me with this department/agency and shall remain in effect until I have provided written notice and mailed such notice to LACHMA's address. I understand and agree that removal of this deduction may require up to 90 days from receipt of written notice due to County Auditor and PPOA accounting systems.

Date: \_\_\_\_\_ Signature of Employee \_\_\_\_\_