

## Afro-American Police Officer's League Membership Application

5330 Griggs #A112, Houston, Texas 77021 aapolhpd@gmail.com

Today's Date: \_

		ŀ	Applicant I	nformatio	n			
Full Name:					Payroll#:			
	Last		First		M.I.			
Address:								
	Street Address					Apartment/Unit #		
	City				State	ZIP	Code	
Phone:			[	D.O.B				
Home Phone:		Ce	Cell Phone.:			Work Phone:		
Personal Email:								
Legibly Pri	nt Email Address	::						
Classificatio	n (check one):	Classified	Civilia	an				
Division:		Shift:	Title:		Academy Class#	Ł		
Membership	Type (check one	Active	Retired	Honorary	Associate			

I HEREBY COMPLETE AND SUBMIT THIS APPLICATION SIGNING THAT I AM WILLING TO ABIDE BY ALL RULES AND REGULATIONS TO PROMOTE THE OBJECTIVES OF THE AFRICAN-AMERICAN POLICE OFFICERS LEAGUE, ALSO KNOWN AS THE AFRO-AMERICAN POLICE OFFICERS LEAGUE.

Applicant Signature	Date:
President Signature:	Date:
Recruiter's Signature:	Date:



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## **Payroll Deductions**

Print - First Name, Last Name, MI

hereby authorize the City of Houston to **deduct/stop \$27.00** from scheduled payroll cycle and remit to:

## Afro-American Police Officers League, AAPOL Agent/Representative: Sergeant Brandon Love (President)

I understand the City of Houston neither sponsors nor endorses the product or services purchased from the above company, nor does it attest to the worth or value of the product or service. I understand, except when restriction by federal laws apply, that I may cancel this authorization at any time, in writing by executing this form. In consideration of the City of providing this service, I agree not to hold the City liable for any loss resulting from failure to deduct and/or remit the payment cycle specified. I will pay directly to the company and monies not withheld during a payroll cycle. I will report directly to the company any change to my address; however if I fail to do so, I authorize the City to release my address of record to the Company. I certify that no portion of this deduction is for any purpose prohibited by the City of Houston Legislation.

I further understand that starting/stopping any payroll deductions related to collective bargaining unit membership dues are subject to additional restrictions and I should contact the Payroll Service Helpdesk at 832-393-8900 for additional instructions.

Employee Signature	Date:				
Employee Number:	Department 1	Number: <u>10</u>	Department Name: Police		
CHECK APPROPRIATE	BOX(S):				
<ul> <li>) Start Amount:</li> <li>) Change if New Amount:</li> <li>) Stop Amount:</li> <li>) One-Time Deduction:</li> <li>) One Time Refund:</li> </ul>	<u>\$27</u> <u>\$27</u> 	TYPE/PLAN AFRO/AMER AFRO/AMER	DATE	NAME	
Payroll Clerk		Date Prepared		Department Head	