

1. Print the application 2. Fill out the application completely and legible. 3. Inter office mail your completed application to Detective Eric Carr in Burglary & Theft Division OR hand deliver to a Current Board Member



Afro-American Police Officer's League Membership Application

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

Today's Date: _____

Applicant Information

Full Name: _____ Payroll#: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ D.O.B. _____

Home Phone: _____ Cell Phone.: _____ Work Phone: _____

Email:

Legibly Print

Personal Email Address: _____

Classification (check one): Classified Civilian

Division: _____ Shift: _____ Title: _____ Academy Class# _____

Membership Type (check one): Active Retired Honorary

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: _____

**CITY OF HOUSTON
PAYROLL DEDUCTION AUTHORIZATION AND CANCELLATION FORM**

I, _____ / _____ / _____ hereby authorize the City of
(Print Employee Name / Employee Number / Department)

Houston to deduct stop change \$ _____ from my pay each scheduled cycle and remit to

African-American Police Officers League-AAPOL, 5330 Griggs Rd. Houston, Texas 77021

(Company Name, Address, City, State and Zip Code)

Eric K. Carr (President)

(713) 308-0985

(Agent/Representative Name)

(Agent's Phone Number)

in payment of goods and services purchased by me.

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 restrictions by federal laws apply, that I may cancel this authorization at any time, in writing, by executing this form. In consideration of the City providing this service, I agree not to hold the City liable for any loss resulting from failure to deduct and/or remit the payment specified. I will pay directly to the company any 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 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 Services Helpdesk at 832-393-8900 for additional instructions.

(Employee Signature)

(Date Signed)

Please return this form to the ARA – Payroll Services Customer Service Window at 611 Walker, 2nd floor.

(TO BE COMPLETED BY ARA – PAYROLL SERVICES)

(Employee I.D. Number)

(Department)

Check Appropriate Box(es):

		WAGE TYPE	/	PLAN	DATE
<input checked="" type="checkbox"/> Start Amount:	\$ 15.00	2403	/	Afro/American Police	_____
<input type="checkbox"/> Change if new amount:	\$ _____	_____	/	_____	_____
<input type="checkbox"/> Stop Amount:	\$ _____	_____	/	_____	_____
<input type="checkbox"/> One-Time Deduction:	\$ _____	_____	/	_____	_____
<input type="checkbox"/> One-Time Refund:	\$ _____	_____	/	_____	_____

Payroll Services Staff Signature

Date Prepared

Payroll Services Manager Signature

