Afro-American Police Officer's League
Membership Application
5330 Griggs #A112, Houston, Texas 77021
aapolhpd@gmail.com

Today's Date: _____

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 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:_____

Payroll Deductions

I, _____
Print - First Name, Last Name, MI

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

African-American Police Officers League, AAPOL
Agent/Representative: Senior Police Eric K. Carr (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 a Form 6 (revised 10/91). 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. I will request directly from the Company any changes 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 a Political Action Contribution PAC or any other purpose prohibited by the City of Houston Legislation.

Employee Signature _____ Date: _____

(To be completed by Payroll Clerk)

Employee Number: _____ Department Number: <u>10</u>   Department Name: <u>Police</u>

CHECK APPROPRIATE BOX(S):

		TYPE/PLAN	DATE	NAME
( ) Start Amount:	<u>$27</u>	**AFRO/AMER**	_____	_____
( ) Change if New Amount:	<u>$27</u>	**AFRO/AMER**	_____	_____
( ) Stop Amount:	_____	_____	_____	_____
( ) One-Time Deduction:	_____	_____	_____	_____
( ) One Time Refund:	_____	_____	_____	_____

_____   _____   _____
Payroll Clerk   Date Prepared   Department Head