



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 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: Sergeant DeAndre' Hutchison (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: _____
 (To be completed by Payroll Clerk)

Employee Number: _____ Department Number: 10 Department Name: Police

CHECK APPROPRIATE BOX(S):

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

 Payroll Clerk Date Prepared Department Head