



Shirt Size _____

Membership Application/ Payroll Deduction Authorization Form Arizona Probation Officers Association

Last Name First Name Middle Initial

Employee ID # (On Your Paystub)

(Not badge, serial, or social security number)

Street Address or PO Box Number

City State Zip Code

Home Phone Work Phone Date of Birth

Job Title Agency Work Location

Home Email State Legislative District

Signature X _____ Date: _____

I hereby apply for membership in the Arizona Probation Officers Association (AZPOA) and its affiliates. I hereby expressly authorize the Maricopa County Payroll Department to deduct from my wages and remit to the Arizona Police Association (APA) the appropriate amount of dues deduction for membership in APA/CLEAA/AZPOA., as may be adjusted from time-to-time based on formulas established by the membership through proper notification and membership votes.

The current deduction is **\$16.15 per pay period**.

This authorization shall supersede any previously signed by me, and shall remain in effect until cancelled by me in writing to AZPOA or the Maricopa County Payroll Department. It is expressly understood and agreed that the fiscal office shall not be liable, in any manner, for failure or delay in making deductions or payments here authorized. I also agree not to hold the fiscal office liable to any loss sustained by me for the failure or delay in making such deductions or payments. Deductions, contributions, or gifts to APA/AZPOA are not deductible as charitable contributions for federal income tax purposes. Deductions paid to APA/AZPOA may, however, qualify as business expenses and may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Service.

MAIL COMPLETED APPLICATION TO:

AZPOA
3039 W. Peoria Ave, C102-413
Phoenix, AZ 85029