



Membership Application Form
Arizona Probation Officers Association - Pinal County

Shirt Size

Last Name First Name Middle Initial

Street Address or PO Box

City State Zip Code

Home Phone Work Phone Date of Birth

Job Title Agency Work Location

Home or Personal Email (Do not use a work email)

Signature X _____

Date: _____

I hereby apply for membership in the Arizona Probation Officers Association (AZPOA) and its affiliates. Dues may be adjusted from time-to-time based on formulas established by the membership through proper notification and membership votes.

The current deduction rate for Pinal County is \$35.00 / month, payable via credit card. Once your application is received, you will be contacted to set up a monthly recurring payment. Ensuring dues payments are timely and successful are the sole responsibility of the member. If the credit card is lost, stolen, updated etc., please update it immediately with the Treasurer. Failure to maintain current dues could put membership status into suspense or be terminated.

This authorization shall supersede any previously signed by me and shall remain in effect until cancelled by me in writing to the AZPOA Treasurer. 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