



# ARIZONA CORRECTIONAL PEACE OFFICERS ASSOCIATION

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## AZCPOA APPLICATION FOR MEMBERSHIP

I, the undersigned, a full-time employee of an eligible class, do hereby make application for active membership in the Arizona Correctional Peace Officers Association (AZCPOA), as well as any organization deemed appropriate.

Name: \_\_\_\_\_  
First                      Mid. Init.                      Last                      E.I.N.                      Rank

\_\_\_\_\_ Mailing Address                      City, State                      Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Contact: \_\_\_\_\_

Agency: \_\_\_\_\_ Facility/Unit \_\_\_\_\_ Personal Email: \_\_\_\_\_

Shift: \_\_\_\_\_ RDO's \_\_\_\_\_ Name of Beneficiary \_\_\_\_\_

Membership dues are \$25.00 per month. AZCPOA is a non-profit labor organization. AZCPOA dues are tax deductible. I hereby authorize the State of Arizona Department of Administration, to deduct the total amount listed above from my wages. (24 pay periods of deductions at \$12.50 taken annually)

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_