



FRATERNAL ORDER OF POLICE®

N. CALIFORNIA PROBATION • LODGE #19

WWW.SACPROBATION.ORG

PROBATOIN AIDES MEMBERSHIP APPLICATION

NAME: _____
FIRST MIDDLE LAST

BIRTHDATE: _____ SSN: _____

HOME ADDRESS: _____
STREET CITY STATE ZIPCODE

EMPLOYING AGENCY: _____

DATE OF HIRE: _____

RANK/TITLE: _____

CLASSIFICATION: PEACE OFFICER: YES / NO

WORK ADDRESS: _____
STREET CITY STATE ZIPCODE

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

I HEREBY APPLY FOR MEMBERSHIP IN N. CALIFORNIA PROBATION LODGE #19 OF THE FRATERNAL ORDER OF POLICE. I PLEDGE TO PAY DUES AS SET FORTH IN THE N. CALIFORNIA PROBATION FOP LODGE #19 CONSTITUTION FOR ITS MEMBERS. DUES ARE PAYABLE YEARLY AND MUST ACCOMPANY THIS APPLICATION. I FURTHER AGREE TO NOTIFY THE N. CALIFORNIA PROBATION FOP LODGE #19, WITHIN TEN (10) DAYS OF ANY CHANGE IN MY STATUS. CURRENTLY N. CALIFORNIA PROBATION FOP LODGE # 19 DUES ARE COVERED BY SCPA.

SIGNATURE: _____

DATE: _____



**AUTHORIZATION FOR AUTOMATIC DEBIT OF PRE-AUTHORIZED VARIABLE
AMOUNT WITHDRAWALS**

To sign up for AUTOMATIC DEBIT SERVICE (Pre-Authorized Withdrawals) simply complete the information below and forward to us with a voided check.

I hereby authorize the N. California Probation Lodge #19; Fraternal Order of Police (the Company, hereinafter referred to as the Company) to make withdrawals from time to time from the account identified as the (Depository Financial Institution hereafter identified as DFI) and authorize the DFI to charge such withdrawals to my listed account.

Probation Aides FOP Rates:

SCPA covers Dues

\$60.00 for plans Criminal and Civil LDP (total \$60.00 in Sept each year)

Initials

As there may be a need to correct or make adjustments, adjustment entries to correct errors are also authorized. It is agreed that these withdrawals and adjustments may be made electronically and under the rules of the National Automated Clearing House Association (NACHA). This authorization will remain in effect until written notice of termination or change in financial information is provided to the Company. I acknowledge receipt of a completed copy of the Authorization.

*** All routing and account information will be provided per your voided check.**

Name of Authorizing Party (Please Print)

Address

City

State

Zip Code

Signature

Date