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LOS ANGELES COUNTY PROFESSIONAL PEACE OFFICERS ASSOCIATION

Application for Limited-Access Membership

Name (Last, First, Middle) _____ Male Female

Date of Birth _____ Date Entered County Service _____

County Employee Number _____

Social Security Number _____

Home Address _____

City _____ Zip Code _____

Phone (home) _____ (cell) _____

Personal E-Mail (non-LASD) _____

• **MONTHLY DUES:** \$00.02 (minimum deduction required by LA County)

• **STAR & SHIELD CHARITABLE FOUNDATION** | Voluntary charitable monthly deduction:

(circle one) \$2 / \$5 / \$10 / \$20 / other \$ _____ / decline

I hereby apply for limited access membership in the L.A. County Professional Peace Officers Association. I authorize appropriate deductions from my County payroll warrant for payment of dues and other programs that I may select.

Signature _____ Date _____

PPOA limited-access membership is open only to LASD deputies.

LIMITED-ACCESS DEPUTY MEMBERSHIP MONTHLY DUES \$00.02

Limited access membership offers access to PPOA uniform store with no further union benefits.

Limited-Access Deputy APPLICATION