



SAN DIEGO COUNTY

PROBATION OFFICER'S ASSOCIATION

WWW.SDCPOA.ORG

ASSOCIATE (LIMITED) MEMBERSHIP APPLICATION

FAILURE TO COMPLETELY FILL IN ALL INFORMATION MAY RESULT IN DELAY OF BENEFITS

NAME:						
(AS IT APPEARS ON YOUR PAYCHECK) Last			First		Middle	
HOME ADDRESS:						
Number and Street			City		State ZIP Code	
PERSONAL EMAIL: (NOT YOUR COUNTY EMAIL)				I Do Do Not want to receive e-mail communications from the association.		
HOME PHONE		CELL		WORK PHONE		WORK CELL
DATE OF BIRTH:			LAST FOUR OF SS#			EMPLOYEE ID# E
DIVISION:	AFS	JFS	IS	ADMIN	WORK LOCATION:	MAIL STOP:
				ARMED		
CURRENT CLASSIFICATION:					DATE SWORN: (HIRED)	
AFFIRMATION FOR ALL MEMBERS: I hereby make application for associate (limited) membership in the San Diego County Probation Officer's Association and agree to abide by the regulations as set forth in the articles of Incorporation and By-Laws, including the specific limitations of Associate (Limited) membership. I understand that as an Associate (Limited) member, my membership, including benefits and programs I may be eligible to receive, may be defined and/or terminated at the discretion of the Board pursuant to the By-Laws.						
					/ / 20	
Signature					Date	
FOR OFFICE USE ONLY						
DATE RECEIVED:				MEMBERSHIP#		

[Rev. 07/2011]

AUTHORIZATION FOR PAYROLL DEDUCTION AND RELEASE OF INFORMATION						
NAME:						
Last			First		Middle	
LAST FOUR OF SS#			EMPLOYEE ID#	E		
I, the undersigned, as employee of the County of San Diego have entered into an agreement with the San Diego County Probation Officer's Association (hereinafter referred to as Agency) whereby payments becoming due thereunder may be deducted from salary or wages due or to become due to me as such employee and I hereby authorize the County Auditor and County Treasurer to deduct from my salary or wages and pay said Agency such sums as said Agency may certify to the County Auditor are due to Agency. This authorization shall apply to any increase or decrease due Agency and is to continue in effect until terminated by termination of my employment and final payment for such employment or until termination by written notice served by the undersigned on the Agency.						
I furthermore authorize the Auditor to release necessary payroll data to the above Agency with the understanding that such data shall be limited to that necessary for the Agency to conduct its business and such released information shall not be used for any purposes other than those for which the Agency is authorized to act as my agent.						
					/ / 20	
Signature					Date	