San Diego County
Probation Officers Association

Last Name	M.I.	First Name

☐ New Member ☐ Updating Personal Information

Social Security #	Employee ID	Armed	Date of Birth	Gender
		☐ YES ☐ NO		

Home Address (Number, Street, Apt #)	City	State	Zip Code	Mail Station

Home Phone	Home Cell	Home Fax

Work Phone	Work Cell	Work Fax

Home E-mail	Work E-mail

I hereby make application for 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. I hereby designate the San Diego County Probation Officer's Association to represent me in collective bargaining and all matter pertaining to wages, hours, working conditions, and all other matters concerning my employment.

Signature: _____ **Date:** _____

If you do not wish to receive important email updates from the association please check this box. ☐

Please Return Forms To: SDCPOA Fax 858-300-3824 -OR- 8388 Vickers St, San Diego, CA 92111

Contact Information: Phone 858-300-3824 | membership@sdcpoa.org | www.sdcpoa.org