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#### Instructions

1. Complete the top of this application (Section A) in full.
2. Check the appropriate membership box (Section B.)
3. Sign the appropriate payroll (or retirement warrant) deduction card on the back of this form.

**Active Membership**  
(fill out sections A,B,C)

**Service Membership**  
(fill out sections A,B,C)

**Retired Membership**  
(fill out sections A,B,D)

## LOS ANGELES COUNTY PROFESSIONAL PEACE OFFICERS ASSOCIATION

### Application for Membership (Please complete both sides of this application)

#### Section A

Name (Last, First, Middle) \_\_\_\_\_ Male  Female

Department (Former or Current) \_\_\_\_\_

Job Title/Rank (Former or Current) \_\_\_\_\_

Date Entered or Retired County Service \_\_\_\_\_

County Employee No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Place of Assignment \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Personal E-Mail (non-LASD) \_\_\_\_\_

#### Section B

Check applicable box.

**Active Membership** (classifications in bargaining units 612, 614, 621, 631 & 632)

I hereby apply for active membership in the Los Angeles 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. I also authorize, at the discretion of the LACPPOA Board of Directors, the use of a portion of my dues for political action. (Political contributions are not tax deductible. For more details, please call the PPOA office.) I certify that, at this time, I know of no investigation of me by my Department, nor am I involved in any civil proceeding as a result of my performance as a peace officer.

**Service Membership** (classifications outside of bargaining units 612, 614, 621, 631 & 632)

I hereby apply for membership in the Los Angeles County Professional Peace Officers Association. I authorize appropriate deductions from my County payroll warrant (if applicable) for payment of dues and other programs that I may select. I also authorize, at the discretion of the LACPPOA Board of Directors, the use of a portion of my dues for political action. (Political contributions are not tax deductible. For more details, please call the PPOA office.) If dues are not paid through payroll deduction, they are payable three months in advance. If they are not paid within 30 days of origination of invoice, membership and any insurance policies will be cancelled.

**Retired Membership**

I hereby apply for membership in the Los Angeles County Professional Peace Officers Association. I authorize appropriate deductions from my retirement warrants for payment of dues and other programs that I may select. I also authorize, at the discretion of the LACPPOA Board of Directors, the use of a portion of my dues for political action. (Political contributions are not tax deductible. For more details, please call the PPOA office.)

Please complete reverse side of this application . . .

**Payroll Deduction Section for ACTIVE & SERVICE Members Only**

**Section C**

Deduction Agency : L. A. County Professional Peace Officers Association Deduction Code: 402

• **DUES** | Monthly membership dues deduction (*see chart at right*) \$ \_\_\_\_\_  
 (includes additional \$5 PAC Plus deduction)

Initial here if you decline to include the \$5 political action deduction: \_\_\_\_\_

• **STAR & SHIELD CHARITABLE FOUNDATION** | Voluntary charitable monthly deduction:  
 (circle one) \$2 / \$5 / \$10 / \$20 / other \$ \_\_\_\_\_ / decline

Employee Name (last, first, middle) \_\_\_\_\_

Employee No. \_\_\_\_\_ Dept. No. \_\_\_\_\_

I hereby authorize the auditor of the County of Los Angeles or his agents to deduct monthly from salary earned by me in any department of the County of Los Angeles the amount shown hereon and to pay same to. If all or any portion of the deduction authorization includes insurance premiums and/or employee organization dues, I also authorize the auditor to adjust from time to time the amount of the deduction as may be required to comply with adjustments in County subsidy amounts in premiums under existing contracts with said insurance plans or to comply with dues schedules determined by said employee organizations governing body in accordance with such organizations constitution, charter, by-laws or other applicable legal requirements. This authorization cancels and replaces any previously signed by me by written notice. I expressly understand and agree that auditor, his agents or the County acting under this authorization shall not be liable in any manner for the failure or delay in making the deduction or payments here authorized.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Payroll Deduction Section for RETIRED Members Only**

**Section D**

Deduction Agency: Los Angeles County Professional Peace Officers Association

Deduction Code: 67 Retired Membership Monthly Dues \$ \_\_\_\_\_

Retiree Name (last, first, middle) \_\_\_\_\_

Social Security No. \_\_\_\_\_

I hereby authorize the Board of Retirement to cancel the deduction, or to deduct monthly from my retirement warrants issued by Los Angeles County Employees Retirement Association, the amount shown hereon and to pay the same to the proper agent. This authorization cancels and replaces any previously signed by me for this purpose and shall remain in effect until cancelled by me, by written notice. It is expressly understood and agreed that the Board of Retirement or other disbursing officer acting under this authorization shall not be liable in any manner for failure or delay on his part in making the deductions or payments here authorized and I agree to save the Board of Retirement or other disbursing officer harmless from any loss sustained by me for his failure or delay in making any such deductions or payments.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PPOA Monthly Dues**

as of April 1, 2015

*Dues for active member classifications (in blue below) are based on 1% of top step salary plus \$5 for additional political action.*

**Unit 612 (Sheriff, D.A.)**

Sergeant (LASD) & Above	\$97.11
Sergeant (DA) & Above	\$97.11

**Unit 614 (Coroner/Sheriff)**

Criminalist	\$74.34
Criminalist Lab Tech.	\$53.26
Forensic ID Spec. I	\$70.94
Forensic ID Spec. II	\$83.68
Senior Criminalist	\$94.58

**Unit 621 (Sheriff)**

Civilian Investigator	\$72.14
Court Services Spec.	\$50.20
Crime Analyst	\$69.45
Custody Assistant	\$59.18
Law Enforcement Tech.	\$54.56
Public Response Dispatcher I	\$54.44
Public Response Dispatcher II	\$62.30
Public Resp. Dispatcher Specialist	\$65.49
Security Assistant	\$33.42
Security Officer	\$47.18
Supv. Public Resp. Dispatcher	\$68.30

**Unit 631 (Coroner)**

Coroner Investigator	\$75.08
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**Unit 632 (Coroner)**

Supv. Coroner Investigator I	\$80.82
Supv. Coroner Investigator II	\$92.60

**Other**

Service Members	\$10.00
Retired prior to 1/1/80	\$ 2.50
Retired after 1/1/80	\$10.00