



Peace Officers of California Membership Application

New Member
 Update

Applicant Information

Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First	Middle Initial	Last
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street	City	State Zip
Contact:	<input type="text"/>	<input type="text"/>	
	Work E-mail	Personal E-Mail	
	<input type="text"/>	<input type="text"/>	
	Work Phone	Home Phone	
	<input type="text"/>	<input type="text"/>	
	Cell Phone	Date of birth	
	<input type="text"/>	<input type="text"/>	
		XXX-XX- <input type="text"/>	
		Social Security Last 4	
		<input type="checkbox"/> Married	
		<input type="checkbox"/> Unmarried	
Job Title:	<input type="text"/>		
Agency:	<input type="text"/>		
	Full name of employing agency		
Office:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street	City	State Zip

Peace Officer ID / Badge Number _____

Electronic Funds Transfer Authorization Form

Schedule a secure and convenient fund transfer and hereby apply for membership in Peace Officers of California at the following level:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Member
w/ Legal Defense
\$30 mo. | <input type="checkbox"/> Member
No Legal Defense
\$15 mo. | <input type="checkbox"/> Associate
For Non-Member
(Supervisors)
Legal Defense
\$25 mo. | <input type="checkbox"/> Retired
\$10 mo. |
|--|--|---|---|

I authorize you to perform electronic funds transfer (debits and / or credits) from the account identified for payments due or when applicable, and apply electronic funds transfer credits to the same.

For accounting purposes, all electronic debits will be reflected on the monthly bank statement that corresponds with the financial institution account identified.

DATE: _____ Signature: _____

This authorization is to remain in full force and effect until P.O.C. has received written notification of its termination in such time and in such manner as to afford P.O.C. reasonable opportunity to act upon it, or until the term of authorization expires. Any such notice should be sent to: P.O.C., PO Box 631, Sacramento, CA 95812.

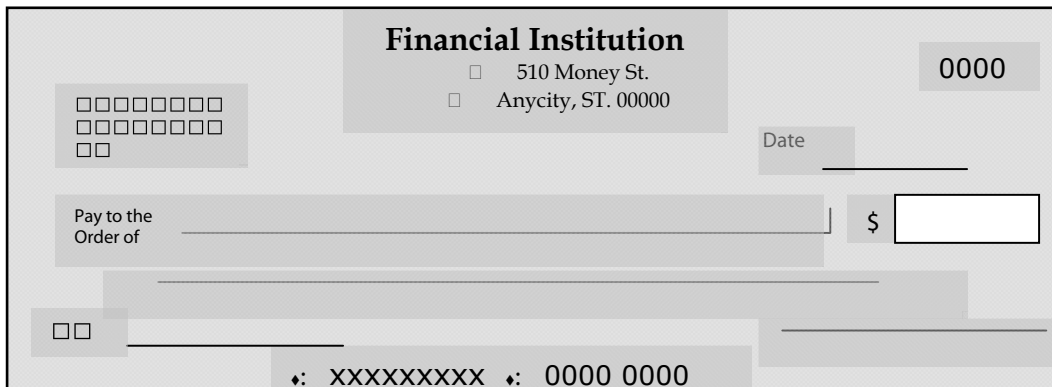
Financial Institution account _____ "identifying information:" _____

Enter your financial institution account information in the fields provided below, or attach a blank VOIDED check by writing 'VOID' across it.

Complete or attach Blank VOID Check here .	Financial institution:	Branch:	
	City:	State: ZIP	CODE:
	Transit/ABA (Routing)#	Account Type [Checking] [Savings] [] and # #	

Need help identifying your Transit/ABA# and Account #? Please see below for an explanation diagram.

Example



This is the 9 digit Transit / ABA Bank Routing number.

The account number is usually to the right of the Routing number. Some Financial Institutions add the check number between the Routing and Account numbers.

Please fill out both pages and send to:

**P.O.C.
PO Box 631
Sacramento, CA 95812**

**P.O.C.
FAX 916-266-6456**

**P.O.C.
Info@PeaceOfficers.Org**