

Las Vegas Peace Officers' Association Membership Application

Date: _____

Name: _____
Last First Middle Social Security#

Current Address: _____
Street Apartment#

City State Zip

Home Phone _____ Home Email _____
(Optional)

Date of Birth _____ Hire Date _____

Department _____ Division _____ Title _____

I have this day authorized the payroll clerk of the City of Las Vegas to deduct the L VPOA \$30.00 dues bi-weekly from my salary. This amount is to be remitted to the Las Vegas Peace Officer's Association. Membership is void upon termination or upon compliance with the withdrawal procedures in the current LVPOA by laws .

Signature Date

Received by: _____
(LVPOA Office) Date

Received by: _____
(Finance Office) Date

Distribution:
Original to Finance
Copy to L YPOA File
Copy to Member