

Las Vegas Peace Officers' Association Membership Application

Date: _____

Name: _____
Last First Middle Social Security #

Current Address: _____
Number /Street Apartment #

City State Zip

Cell Phone: _____ Personal Email: _____

Date of Birth: _____ Hire Date: _____

Department: Department of Public Safety Division: Detention Title: _____

I have this day authorized the payroll clerk of the City of Las Vegas to deduct the LVPOA **\$38.46** 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 & P-Number

Date

Received by: _____
(LVPOA Office)

Date

Received by: _____
(Finance Office)

Date

Distribution:
Original to Finance
Copy to LVPOA File

