



LAWPOA

Los Angeles Women Police Officers & Associates Membership Form

INDICATE MEMBERSHIP REQUEST:

DUES:

- Active LAPD Employee
- Active City of Los Angeles Employee
- Affiliate Member
- Emeritus Member

Active LAPD and City of Los Angeles employees
 \$3.00 Bi-weekly payroll deduction
 Affiliate (Outside agency) \$78.00 per year
 Emeritus (Retired) \$ 25.00 per year

Name: _____ Sworn: 4301 Civilian: 4302 LAWA: 0101

Cellphone: _____ Rank: _____ Serial No. _____

Employee (payroll) No. _____ Personal Email: _____

Home Address: _____

_____	_____	\$3.00
Employee Name	Dept No.	Bi-Weekly Deduct

**AUTHORIZATION FOR PAYROLL DEDUCTION FOR LOS ANGELES
WOMEN POLICE OFFICERS AND ASSOCIATES**

TO: CONTROLLER, CITY OF LOS ANGELES

I hereby authorize the deduction for dues to the Los Angeles Women Police Officers and Associate (LAWPOA) in the amount indicated per pay period. When you received notice from LAWPOA that its membership dues have been duly changed by its Board of Directors, I hereby authorize this deduction to be charged automatically.

This authorization shall be in effect until cancelled in writing by me or LAWPOA.

Signature of Employee

Date

Instructions: Complete form, then scan and email to: lawpoa2021@gmail.com