



PINAL COUNTY DEPUTIES ASSOCIATION Membership Application - Payroll Deduction Authorization

Please check applicable boxes, sign and date as needed

Association Name: PINAL COUNTY DEPUTIES ASSOCIATION

Monthly Dues: \$25 Sworn / Detention Officers
 \$25 Dispatch/ID/Evidence/Civilian Employees

Name: _____

Mailing Address: _____

City: _____ State: AZ Zip: _____

Contact Number: _____

Personal E-Mail: _____

Department/Unit: _____
(Deputy/Detention Officer/Civilian)

A. I acknowledge that this deduction represents payment of dues and fees established in accordance with the Bylaws of the Pinal County Deputies Association (PCDA) and I authorize Pinal County Human Resources to forward the deducted funds to the PCDA as required by the Memorandum of Understanding between Pinal County officials and PCDA.

Signature

B. This authorization is made voluntarily, free from coercion, and with a full understanding of my rights under state and local law, Pinal County Personnel Policies, and the Memorandum of Understanding between the PCDA and Pinal County officials.

Signature

C. I further authorize the Pinal County Human Resources Department to deduct two (2) hours of my accrued unused vacation each July to be deposited into the Pinal County Deputies Association Leave Bank.

Signature

With submission of this information I understand that dues deduction will continue, by means stated, unless, and until I cancel this instruction in writing, or leave the employ of the Pinal County Sheriff's Office. I agree this authorization shall be automatically renewed for successive periods of one year unless revoked by my written notice to PCDA.

Signature

Date: _____

To activate membership this form needs to be submitted to a PCDA Board Member for processing.