

CANCELLATION OF MEMBERSHIP DEDUCTION

Texas Department of Public Safety Officers Association

5821 Airport Blvd.

Austin, Texas 78752

(512) 451-0571 (800) 93-DPSOA ((800) 933-7762)

T.I.N. No. 12373944995-000

www.dpsoa.com

members@dpsoa.com

SECTION A: AGENCY USE ONLY

Agency Name	Agency No. 405	First Active Duty Date
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SECTION B: EMPLOYEE INFORMATION

Social Security No.	Employee Name (Last, First, Middle)		
Mailing Address	City	State	Zip
Work Address	City	State	Zip
Home Phone ()	Work Phone ()	Ext. No.	
Agency Department of Public Safety	Agency No. 405	Highway Patrol District	
County	DPSOA Membership No.		
Email Address			

SECTION C: AUTHORIZATION TO CANCEL DEDUCTION

Membership Dues
Monthly Deduction: \$3.00 per month

Effective Date of Payroll
Deduction Cancellation: _____

AUTHORIZATION TO CANCEL DEDUCTION

I authorize that my monthly deduction from my salary for membership in the Department of Public Safety Officers Association be cancelled.

Membership Signature

Date