PAYROLL DEDUCTION AUTHORITY AND MEMBERSHIP APPLICATION

For Dues and/or Insurance Premium of the New York State Correctional Officers and Police Benevolent Association, Inc. (NYSCOPBA), 102 Hackett Blvd. - Albany, New York 12209

Name *(Last Name, First, Middle Initial)*			**Social Security Number**
Street Address	**City**	**State**	**Zip Code**
Department	**Title**		

TO THE COMPTROLLER OF THE STATE OF NEW YORK:

I HEREBY AUTHORIZE YOU TO DEDUCT FROM MY SALARY BI-WEEKLY **$20.79 FOR BINDING ARBITRATION MEMBERS OR $20.22 FOR NON-BINDING ARBITRATION MEMBERS** FOR THE PAYMENT OF MEMBERSHIP DUES IN THE NEW YORK STATE CORRECTIONAL OFFCERS AND POLICE BENEVOLENT ASSOCIATION, INC.

THIS WILL ALSO AUTHORIZE YOU TO MAKE ANY ADJUSTMENT DEDUCTIONS NECESSARY FOR THE PURPOSE OF PAYMENT OF THE ANNUAL DUES AND/OR INSURANCE PREMIUMS FOR ALL FORMS OF INSURANCE OFFERED BY NYSCOPBA, INCLUDING VOLUNTARY LIFE/ACCIDENTAL DEATH & DISMEMBERMENT, DISABILITY, AUTOMOBILE, HOMEOWNERS AND CASUALTY.

THIS IS ALSO YOUR AUTHORIZATION TO MAKE DEDUCTIONS IN THE SUCCEEDING YEARS OF MY EMPLOYMENT IN THE AMOUNT CERTIFIED BY NYSCOPBA AS REQUIRED FOR THE PAYMENT OF MY MEMBERSHIP DUES AND/OR INSURANCE PREMIUM IN SAID ASSOCIATION.

I UNDERSTAND THAT THIS AUTHORIZATION MAY BE REVOKED AT ANY TIME BY WRITTEN NOTICE TO YOU.
RETURN CARD PROMPTLY TO THE ASSOCIATION ADDRESS ABOVE.

____ ____/____/____

Signature of Employee *Date Card Signed*

NYSCOPBA QUESTIONNAIRE

Please fill out and return to **NYSCOPBA**. The information provided is critical to help maintain contact with you, secure reduced insurance rates and build a powerful membership database. This information is confidential and will NOT be distributed.

Please Print

NAME:____

ADDRESS:____

PHONE: (Home)___________________**(Cell)**___________________ ☐ **Check for text updates**

SSN:_____________________________ **VETERAN:** ☐

DATE OF BIRTH:_____________________ **GENDER:**_____________________________

SENORITY DATE:_____________________ **FACILITY:**_____________________________

EMAIL: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

☐ **Check for email only delivery of NYSCOPBA mail**