

MEMBERSHIP APPLICATION - DALLAS POLICE ASSOCIATION

Last Name: _____ First Name: _____ MI: _____
Badge # _____ Employee # _____ PID # _____ Rank: _____ Division: _____
Date of Appointment: _____ Social Security # _____ Date of Birth: _____
Home Address: _____ Apt/Unit # _____ City: _____ Zip Code: _____
Cell Phone: _____ email address: _____
Spouse Name (if any): _____ Children: YES _____ NO _____
Signature: _____ Date: _____



PLEASE COMPLETE THE BELOW LISTED PAYROLL CARD

I hereby authorize the City of Dallas, City Manager, and City Auditor to deduct the amount of one percent (1%) of the salary of a six (6) year Police Officer monthly from my salary and wages for membership dues in the **Dallas Police Association** as provided by resolution of the City Council of the City of Dallas, April 10, 1972. Such deductions shall be in accordance with policies covering payroll deductions, including policies to allocate such deductions to semi-monthly, bi-weekly, or weekly deduction schedules. This authorization is effective the first deduction period after submitted and shall continue until cancelled.

Date: _____ Signature: _____

Printed Name: _____

Department: **Police 12-1** Badge # _____ Employee # _____ Division _____

Revised June 2014



DALLAS POLICE ASSOCIATION BENEFICIARY DESIGNATION

NAME: _____ **BADGE** _____

ADDRESS: _____

Email: _____

I, _____ make the following beneficiary designations as it pertains to the death benefits as described in the Dallas Police Association Constitution, Article III.

PRIMARY BENEFICIARY (IES):

Print Full name	Percentage	Relationship

Address _____		
Print Full name	Percentage	Relationship

Address _____		
Print Full name	Percentage	Relationship

Address _____		

Note: Percentages must equal 100%

CONTINGENT BENEFICIARY (IES):

Print Full name	Percentage	Relationship

Address _____		
Print Full name	Percentage	Relationship

Address _____		

I understand the Dallas Police Association will disburse the death benefits as described in the Dallas Police Association Constitution, Article III to the beneficiary (ies) as listed above while I am an active member of the Dallas Police Association as described in the Dallas Police Association Constitution. I further understand I am responsible for submitting a new Beneficiary Designation Form when there is a change in my beneficiary designations.

Signature of Member

Date Signed

This form can be mailed to the Dallas Police Association, 1412 Griffin Street E, Dallas, TX 75215; emailed to: info@dallaspa.org or delivered to the Dallas Police Association offices.