



**STATE POLICE COMMAND OFFICERS ASSOCIATION
MEMBERSHIP APPLICATION
PAYROLL DEDUCTION AUTHORIZATION
STATE OF ILLINOIS – DEPARTMENT OF STATE POLICE**

Name _____
 Last _____ First _____ M. _____ ID# _____

Address _____
 Street _____ City _____ State _____ ZIP _____

Telephone _____ **Date of Birth** _____ **Cadet Class #** _____

Email Address _____ **Rank:** _____

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Active Duty Employees (\$9 per check) complete Part A.

Retired ISP Employees (\$5 per month) complete Part B.

Please email completed form to ISPCOA Secretary Steve Lyddon secretary@ispcoa.org

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Part A: Active Duty Employees (\$9 per check) ISPCOA Membership / Comptroller Deduction Code 042

Name Last _____ First _____ M. _____ ID/PID _____

Address _____
 Street _____ City _____ State _____ ZIP _____

Social Security Number (last 4) _____ **Effective Date** _____

I hereby authorize a deduction in the amount certified as the current rate of deduction to be withheld from my pay in accordance with the State Salary and Annuity Withholding Act to be forwarded to the Illinois State Police Command Officer’s Association.

Signature _____ **Date** _____

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Part B: Retired ISP Employee (\$5 per month) ISPCOA Membership / Comptroller Deduction Code 042

Name Last _____ First _____ M. _____ ID/PID _____

Address _____
 Street _____ City _____ State _____ ZIP _____

Social Security Number (last 4) _____ **Effective Date** _____

I hereby authorize the State Employee’s Retirement System (SERS) to deduct from my pension check dues for the Illinois State Police Command Officer’s Association to be forwarded to the Illinois State Command Officer’s Association.

Signature _____ **Date** _____