STATE POLICE
COMMAND OFFICERS ASSOCIATION

"Promoting The Law Enforcement Profession"

I. S. P. C.O.A. MEMBERSHIP TRANSACTION

Type of action (check the appropriate box)

☐ New Member ☐ Retired ☐ Associate ☐ Resignation

☐ Address change

Current Assignment:

☐ DOO District /Zone _____ ☐ Administration ☐ DFS

☐ Directors Office ☐ RBG ☐ DII

☐ Retired ☐ Other _____

Member Rank _____

Member Name _____ _____ _____
(Last) (First) (MI)

Address _____ _____ _____ _____
(Street) (City) (State) (Zip Code)

Personal Cell TX _____ Home TX _____

Personal E-Mail Address _____

Dues Payment Method (Payroll Deduction is only option for membership)

☐ Regular Membership $9.00 per pay period (bi-monthly)

☐ Retired Membership $5.00 per pay period (monthly)

☐ Associate Membership $1.00 per pay period (bi-monthly)

Director Submitting Transaction: _____ Date: _____

Please complete and submit this form along with one signed payroll deduction form to:

Steve Lyddon
2705 Wordsworth Drive
Springfield, Illinois 62711