



**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 #** \_\_\_\_\_

**Personal 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:  
membership@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** \_\_\_\_\_

**Please email completed form to: membership@ispcoa.org**