



**SLCPA**

9620 Lackland  
St. Louis, MO 63114

T (314)-658-3174  
F (314)-423-8054

[info@slcpa.org](mailto:info@slcpa.org)  
<http://www.slcpa.org>

## Association Registration and Payroll Deduction Form

### Section A To Be Completed By Employee

1. Name of Employee (Last, First, Middle)	2. Social Security Number
3. Home Address (Street, City, State & ZIP Code)	4. DSN
I hereby authorize the St. Louis County Police Association to deduct from my pay each pay period, the amount certified below as the regular dues of the St. Louis County Police Association and to remit such amount to that association in accordance with its arrangements with the St. Louis County Police.	
I understand that this authorization will become effective the pay period following its receipt in the personnel office.	
Signature of Employee	Date (Month, Day, Year)

### Section B

Name of Association <b>St. Louis County Police Association</b>
I hereby certify that the regular dues of this association for the above named member are currently established at \$ 15.00 per biweekly pay period.

Visit the St. Louis County Police Association website to register for private access. Keep up-to-date with Association News and Participate in the Private Forum!

<http://www.slcpa.org/forums/member/register>