

# Coalition of Police and Sheriffs, Inc., Local 911

3605 Katy Freeway, Suite 103, Houston, Texas 77007\* (713) 227-COPS (2677) \* Fax (713) 802-0517

Last Name	First Name	SSN#	DOB
Address	City	State	Zip
Cell Number	Alt. Phone	Personal EMAIL (for legal updates)	Name of Employer

**BASIC MONTHLY DUES:**

Membership \$31.95.....Legal coverage for on-duty issues only.  
 Legal PLUS **GOLD** (Member only) \$14.95.....Extended coverage for off-duty legal issues, free WILLS, unlimited calls and  
**[Subtotal above \$46.90 monthly]** Legal PLUS Reimbursements of \$200 per day. See website for details.

**OPTIONAL BENEFITS:**

Legal PLUS GOLD /Spouse @ \$14.95 \$ 14.95 CHECK OUT C.O.P.S. ONE-OF-A KIND  
 Legal PLUS/Dependent @ \$14.95 ea. \$ \_\_\_\_\_ REIMBURSEMENT PROGRAM!!!  
 AFLAC Insurance: \$ \_\_\_\_\_ [www.COPSweb.org](http://www.COPSweb.org)  
 Conseco Insurance: \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_ **C.O.P.S. IS A PROUD AFFILIATE OF THE INTERNATIONAL  
 UNION OF POLICE ASSOCIATION AND AFL-CIO**

Explanation: Add Spouse to Legal P.L.U.S. membership: Spouse Name : \_\_\_\_\_ SSN: \_\_\_\_\_

County Auditor's Form 777  
 Hams County, Texas (REV. 08/07) PAYROLL DEDUCTION AGREEMENT

I, the undersigned County (C) or Flood Control District (F) employee, hereby authorize the Harris County Auditor to make monthly payroll deductions from my pay in the following amount:

CODE	C/F	DEPARTMENT #	Member's SOCIAL SECURITY NUMBER	EFFECTIVE DATE	DEDUCTION TYPE	MONTHLY DEDUCTION AMOUNT
<b>D</b>	<b>C</b>				<b>2575</b>	<b>\$61.85</b>

<table style="width: 100%; border: none;"> <tr> <th style="text-align: left;">Deduction Type</th> <th style="text-align: left;">Description</th> </tr> <tr> <td>2571</td> <td>Sheriff Association Dues</td> </tr> <tr> <td>2572</td> <td>Afro-American Sheriffs Deputy League</td> </tr> <tr> <td>2573</td> <td>CLEAT</td> </tr> <tr> <td>2574</td> <td>HCDO</td> </tr> <tr> <td><b>2575</b></td> <td><b>Coalition Of Police &amp; Sheriffs, Inc.</b></td> </tr> </table>	Deduction Type	Description	2571	Sheriff Association Dues	2572	Afro-American Sheriffs Deputy League	2573	CLEAT	2574	HCDO	<b>2575</b>	<b>Coalition Of Police &amp; Sheriffs, Inc.</b>	<table style="width: 100%; border: none;"> <tr> <th style="text-align: left;">Deduction Type</th> <th style="text-align: left;">Description</th> </tr> <tr> <td>2576</td> <td>TX Coalition of Law Enforcement Officers</td> </tr> <tr> <td>2577</td> <td>Mexican American Sheriff Organization</td> </tr> <tr> <td>2578</td> <td>Fraternal Order of Police Lodge #39</td> </tr> <tr> <td>2800</td> <td>Concerns of Police Survivors, Inc.</td> </tr> </table>	Deduction Type	Description	2576	TX Coalition of Law Enforcement Officers	2577	Mexican American Sheriff Organization	2578	Fraternal Order of Police Lodge #39	2800	Concerns of Police Survivors, Inc.
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**Increased deductions as are made under this agreement are to be paid to: *COALITION OF POLICE & SHERIFFS INC. [type 2575]***

In consideration for the County or Flood Control District making such payroll deductions, the undersigned employee releases the County Auditor, the county, and the Flood Control District from any and all liability, and waives all errors, if any, made by way of the deduction or failure to make a deduction.

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Employee signature**

\_\_\_\_\_  
**Witness Name (Printed or Typed)**

\_\_\_\_\_  
**Employee Name (Printed or Typed)**

Complete this form and fax to C.O.P.S. at (713) 802-0517. Coverage will begin immediately upon receipt of this form.