

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

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 \$46.90 Legal PLUS payments to member of \$200 per day suspended.
 (\$23.45 per pay period) See website for details.

OPTIONAL FEES:

Legal PLUS GOLD /Spouse @ \$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
 Family Firearm Protection Plan \$ _____
 Other: \$ _____ **C.O.P.S. IS A PROUD AFFILIATE OF THE INTERNATIONAL UNION OF POLICE ASSOCIATION AND AFL-CIO**

Explanation: _____
 County Auditor's Form 777
 Hams County, Texas (REV. 08/07) PAYROLL DEDUCTION AGREEMENT. All Legal issues regarding member that existed prior to membership is not covered.

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	CF	DEPARTMENT #	SOCIAL SECURITY NUMBER	EFFECTIVE DATE	DEDUCTION TYPE	MONTHLY DEDUCTION AMOUNT
D	C				2575	\$

<table style="width: 100%;"> <thead> <tr> <th style="width: 15%;">Deduction Type</th> <th style="width: 85%;">Description</th> </tr> </thead> <tbody> <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>2575</td> <td>Coalition Of Police & Sheriffs, Inc.</td> </tr> </tbody> </table>	Deduction Type	Description	2571	Sheriff Association Dues	2572	Afro-American Sheriffs Deputy League	2573	CLEAT	2574	HCDO	2575	Coalition Of Police & Sheriffs, Inc.	<table style="width: 100%;"> <thead> <tr> <th style="width: 15%;">Deduction Type</th> <th style="width: 85%;">Description</th> </tr> </thead> <tbody> <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> </tbody> </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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Such 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 or scan/email to COPSUNION@aol.com. Coverage will begin immediately upon receipt of this form.