



# MEMBERSHIP ENROLLMENT APPLICATION

EMPLOYEE'S FULL NAME (LAST, FIRST, MI, JR/SR.,ETC)	AGENCY
SOCIAL SECURITY NO.	CELLULAR PHONE NO.
HOME MAILING ADDRESS (STREET, CITY, STATE, ZIP)	
WORK E-MAIL ADDRESS	PERSONAL EMAIL ADDRESS (Preferred method of contact)

## PAYROLL DEDUCTION AUTHORIZATION

DEDUCTION ACTION REQUESTED FOR SLEOLA DUES	TOTAL AMOUNT
INITIATE	OLD \$
CANCEL	NEW \$

I AUTHORIZE THE STATE OF MARYLAND TO DEDUCT FROM MY SALARY THE AMOUNT INDICATED, AND TO FORWARD IT TO **STATE LAW ENFORCEMENT OFFICERS LABOR ALLIANCE**, IN ACCORDANCE WITH ITS BYLAWS AND/OR CONTRACT. I ACKNOWLEDGE THAT THESE DUES AND/OR PAYMENT CAN BE AMENDED. THE DEDUCTION WILL BEGIN ON THE NEXT AVAILABLE PAY PERIOD AFTER BEING RECEIVED BY CPB AND WILL CONTINUE UNTIL WRITTEN NOTICE TO CHANGE OR CANCEL IS SUBMITTED BY ME ON A NEW AUTHORIZATION CARD.

\_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
DATE

### POLITICAL ACTION COMMITTEE CONTRIBUTION (P.A.C.-FUND)

I AUTHORIZE THE STATE LAW ENFORCEMENT OFFICERS LABOR ALLIANCE TO CONTRIBUTE FIFTY CENTS (\$0.50) FROM EACH BI-WEEKLY DUES ASSESSMENT TO THE S.L.E.O.L.A. POLITICAL ACTION COMMITTEE. THIS POLITICAL ACTION COMMITTEE HAS BEEN ESTABLISHED FOR POLITICAL PURPOSES, INCLUDING TO AID OR PROMOTE THE ELECTION OF CANDIDATES TO PUBLIC OFFICE. I UNDERSTAND THAT I HAVE THE RIGHT TO REFUSE TO CONTRIBUTE TO THE S.L.E.O.L.A. POLITICAL ACTION COMMITTEE WITHOUT REPRISAL. THIS AUTHORIZATION IS VOLUNTARY AND IS ACKNOWLEDGED BY MY CHECK OFF IN THE BOX.

**(THIS DOES NOT INCREASE YOUR DUES. IT AUTHORIZES \$0.50 OF YOUR DUES TO BE USED FOR THE P.A.C.)**

AUTHORIZATION \_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
DATE

**STATE LAW ENFORCEMENT OFFICERS LABOR ALLIANCE**  
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