



Texas Department of Public Safety Officers Association

ASSOCIATE MEMBER MEMBERSHIP APPLICATION AUTHORIZATION FORM

5821 Airport Blvd.
Austin, Texas 78752
(512) 451-0571/ (800) 93-DPSOA (800) 933-7762 Fax: (512) 451-0709
T.I.N. No. 12373944995-000

www.texasdpsoa.com

email: info@texasdpsoa.com

SECTION A: ASSOCIATION USE ONLY

Agency Name:
(if applicable)

Agency No. (405 if DPS)

SECTION B: EMPLOYEE INFORMATION

Employee Name (Last, First, Middle)

Title

DOB

Work Phone

Ext. No.

Cell Phone

Mailing Address

City

State

Zip

County

Physical Home Address

City

State

Zip

County

Work Email Address:

@dps.texas.gov

Please come by the DPSOA Office to pick up your membership packet. Contact the DPSOA with questions – 800-933-7762.

Personal Email Address:

***Money order or cashier's check made out to DPSOA Associate Member**

SECTION C: CC AUTHORIZATION / CHECK

Membership Dues

Annual Deduction: \$60.00 per year - Paid by cc, money order, or cashier's check

AUTHORIZATION

I understand that I cannot be compelled to be a member of a state employee organization or to pay dues to a state employee organization as a condition of employment with the state. While I am free to join a state employee organization, I understand that I may change or cancel this authorization at any time by providing written notice. I voluntarily authorize an annual payment in the amount shown above for membership fees to the state employee organization listed above and agree to comply with the comptroller's rules concerning this deduction. I agree that my name, personal contact information, and the amount of my membership fees may be provided to the state employee organization listed above only for the purpose of informing the state employee organization about the membership. Please note that your dues are not tax deductible.

Membership Signature

Date