



FAIRFAX COALITION OF POLICE
Local 5000 Police Union
International Union of Police Associations

MEMBERSHIP INFORMATION FORM

New Member

Updating Member

Previous Member

Name:	EIN:	DOB:
Address:	City	State:
Phone: Home ()	Cell ()	Station: Squad:
Email:		
Spouses Name:	Phone:	

Send completed forms via County mail to Detective Ryan Young (Mason District Station) or by email to ryan.young@fairfaxcounty.gov

***** **NEW MEMBERS AND REINSTATING MEMBERS ONLY** *****

Please complete this payroll deduction form

MEMBERSHIP APPLICATION-REPRESENTATION AND DUES DEDUCTION AUTHORIZATION		
Fairfax County Police Department		
\$22.25 Bi-Weekly		
<hr/> Social Security Number	<hr/> Name:	<hr/> EIN
<i>I, the undersigned, hereby apply for membership in and designate the Fairfax COP, IUPA, Local 5000, AFL-CIO, as my duly authorized representative relating to my economic welfare, including wages, hours and working conditions, and as my representative in FLSA matters and in any grievances I may have concerning these matters. Please consider this your authority to deduct from salary or wages earned by me an amount certified by IUPA of \$22.25 bi-weekly, as my regular required current monthly dues.</i>		
<i>This authorization shall remain in effect until terminated by me in writing.</i>		
<hr/> Print-Name & Rank	<hr/> Signature	<hr/> Address
<hr/> Date	<hr/> Station/Squad	<hr/> City State Zip

In Unity, Strength