



## Washoe County School Police Officers Association

Association President: Eric Diamond

Phone 775-742-2499

PO Box 7829

Reno, NV 89510

[WCSPOA@gmail.com](mailto:WCSPOA@gmail.com)

[WWW.WCSPOA.org](http://WWW.WCSPOA.org)

### WASHOE COUNTY SCHOOL POLICE OFFICERS ASSOCIATION MEMBERSHIP APPLICATION

EMPLOYEE NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ WORK LOCATION: \_\_\_\_\_

LAST 4 OF SSN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

I wish to become a member of the Washoe County School Police Officers Association (WCSPOA) and hereby agree to do so. If accepted as a member, I further agree to abide by all the WCSPOA bylaws. I agree to keep my WCSPOA dues paid in-full via a WCSD payroll deduction.

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

SIGNATURE OF BOARD MEMBER RECEIVING APPLICATION: \_\_\_\_\_

DATE APPLICATION RECEIVED: \_\_\_\_\_

**PAYROLL DEDUCTION AUTHORIZATION FOR MEMBERSHIP DUES FOR WCSPOA.** This portion is to be completed by the employee then submitted to the Washoe County School District (WCSD) Payroll Department.

EMPLOYEE NAME: \_\_\_\_\_

I hereby authorize the sum of **\$35** be deducted from my salary as dues to the Washoe County School Police Officers Association, with said authorization to be in effect until I have filed a Written Notice of Cancellation with the WCSPOA and the WCSD.

EMPLOYEE SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_