



FAIRFAX COUNTY POLICE ASSOCIATION

Membership Application

www.thefcpa.org

Member Name (print): Last	First	M.I.	Social Security Number:	Date of Birth (mo/day/yr):	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address: Street	City	State	Zip	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Divorced
E-mail Address:				Phone Number (include area code):	
Member Status: <input type="checkbox"/> New <input type="checkbox"/> Re-instatement <input type="checkbox"/> Spouse				FCPD Status: <input type="checkbox"/> Sworn <input type="checkbox"/> Non-Sworn	
Current Rank:				Current Station Assignment or Unit & Location:	

Life insurance benefits for which this Association becomes liable by the acceptance of this application and continued good standing of the member as provided for in the By-laws will be paid to the named beneficiary or the contingent beneficiary, whichever survives the applicant. Should the applicant survive both, his or her spouse becomes the beneficiary unless the applicant names another by written request.

I wish to become a member of the Fairfax County Police Association and agree to pay the required monthly dues. I authorize the Fairfax County Government to deduct from my earnings such amounts of dues as may now or hereafter be payable by me to the **Fairfax County Police Association**.

I hereby pledge to abide by the By-laws of the Association and fulfill all obligations inherent with my membership.

Signed: _____ Date: _____

EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION	
Name: _____	Effective date: <u>ASAP</u>
SSN: _____	Deduction: <u>\$18.25/pay period</u>
County Agency: Fairfax County Police Dept.	Organization: Fairfax County Police Association
I hereby authorize my employer, the Fairfax County Government to deduct from my earnings such amounts of dues as may now or hereafter be payable by me to the Fairfax County Police Association . This agreement shall remain in effect until such time as it is amended or rescinded by me in writing.	
Signature: _____	Date: _____

IMPORTANT

New members and re-instated members must complete the payroll deduction authorization section.

Return all completed forms to:
Fairfax County Police Association Business Office
5625 Revercomb Ct.
Fairfax, Virginia 22030

Please call (703) 278-8626 if you have any questions