



**San Francisco**  
**Asian Peace Officers Association**

P.O. Box 22695  
San Francisco, CA 94122 - 0695

Membership Application:

Name: \_\_\_\_\_ Star: \_\_\_\_\_  
 Residence: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Present Assignment: \_\_\_\_\_ Rank: \_\_\_\_\_  
 Type of Membership: \_\_\_\_\_

- I am interested in participating in the:
- Membership Committee
  - Dinner Committee
  - Golf Tournament Committee
  - Scholarship Committee
  - Fundraising Committee
  - Community Events Committee

**Privacy: All of the above information will remain confidential and will only be used for Association business.**

Return completed forms to:

Inspector Henry Seto  
 Gang Task Force/Room 558  
 San Francisco Police Department  
 850 Bryant Street  
 San Francisco, CA 94103  
 (415) 553-1401

CITY AND COUNTY OF SAN FRANCISCO  
 PAYROLL/PERSONNEL SERVICES DIVISION  
**PAYROLL DEDUCTION AUTHORIZATION/CANCELLATION**

DO NOT SUBMIT DUPLICATE COPIES. IF NO RESPONSE AFTER TWO PAY PERIODS CALL PPSD.

NEW AUTHORIZATION     CHANGE AUTHORIZATION     CANCELLATION

EFFECTIVE DATE		
MM	DD	YY
/	/	

EMPLOYEE NUMBER												
SOCIAL SECURITY NUMBER				W	P	I	C	EMPLOYEE NAME		DEPT. NO.	DEPARTMENT NAME	JOB CLASS
				O	O			LAST	FIRST	M.I.		
											38	

ENTER MPID HERE  DEDUCTION AMOUNT OR PERCENT GOAL AMOUNT

\$ 4.62 % 5

4 2 - 7 0      San Francisco Asian Peace Officer's Association  
 ORGANIZATION NUMBER      ORGANIZATION NAME

NEW AUTHORIZATION

CHANGE AUTHORIZATION

I hereby authorize the Controller of City and County of San Francisco to withhold from each of my salary warrants the deduction amount stated above and to transmit said sum to the organization named above.

I consent to the adjustment of such deduction (1) to conform to future pay period change or (2) to reflect any change in union dues of which the Controller may be advised by the organization. This authorization shall be in full force and effect until revoked by the undersigned or by the organization.

Any discrepancies in my voluntary deductions as reported on my pay stub must be reported by me in writing to PPSD, 160 South Van Ness, within 30 days after the occurrence.

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE      TODAY'S DATE

CANCELLATION

Please cancel my payroll deduction as soon as possible.

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE      TODAY'S DATE

AUTHORIZED BY \_\_\_\_\_ PHONE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

DO NOT WRITE BELOW THIS LINE

H O R D C	DED. NO.	FREQ.	AMOUNT OR %	GOAL	UTILITY	VERIFY PRECODED UTILITY NUMBERS
		0			00	

FREQUENCY  
 0 - OFF  
 1 - EVERY PERIOD

PREPARED BY \_\_\_\_\_ PHONE \_\_\_\_\_ DATE \_\_\_\_\_  
 KEYED BY \_\_\_\_\_ DATE \_\_\_\_\_