



**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 (non-county preferred):		
Spouses Name:	Phone:	

**Email completed forms to [David.Popik@fairfaxcounty.gov](mailto:David.Popik@fairfaxcounty.gov), or any Board Member!**

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

*Please complete this payroll deduction form*

<b>MEMBERSHIP APPLICATION-REPRESENTATION AND DUES DEDUCTION AUTHORIZATION</b> Fairfax County Police Department \$22.25 Bi-Weekly		
_____	_____	_____
<b>Social Security Number</b>	<b>Name:</b>	<b>EIN</b>
<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 <b>\$22.25 bi-weekly</b>, as my regular required current monthly dues.</i>		
<i>This authorization shall remain in effect until terminated by me in writing.</i>		
_____	_____	_____
<b>Print-Name &amp; Rank</b>	<b>Signature</b>	<b>Address</b>
_____	_____	_____
<b>Date</b>	<b>Phone</b>	<b>Station/Squad</b>
		<b>City                      State                      Zip</b>

**In Unity, Strength**