

**AUTHORIZATION TO DEDUCT DUES  
INTERNATIONAL UNION OF POLICE ASSOCIATIONS  
TO/EMPLOYER: City of Sarasota POA L-6045**

I hereby assign to the International Union of Police Associations, from any wages earned or to be earned by me as your employee, my periodic dues in such amounts as are now or hereafter established by the International Union of Police Associations. I authorize and direct you to deduct and withhold such amounts from my salary and to remit the same to said International Union of Police Associations. I hereby waive all rights and claims to said monies deducted and transmitted in accordance with this authorization, and release my employer and all its officers from any liability therefore.

This assignment, authorization and direction shall be revocable any time upon thirty (30) days prior written notification to my employer and the International Union of Police Associations.

**Name of Employee (Print):** \_\_\_\_\_

**Signature of Employee:** \_\_\_\_\_

**Employee Number:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_ (FL6045)

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**MEMBERSHIP APPLICATION – Sarasota Police Officers Assn. L. 6045**

I, the undersigned, do hereby apply for membership in the International Union of Police Associations.

**Name of Employee (Print):** \_\_\_\_\_

**Signature of Employee:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Worksite** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

**Personal Email:** \_\_\_\_\_ (FL6045)

**RETURN TO I.U.P.A. and they will forward to the city**