



3130 NORTH FWY; HOUSTON, TEXAS 77009

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Email Form To: info@hcdo.com

Internal Use:
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**HARRIS COUNTY DEPUTIES' ORGANIZATION FOP LODGE 39
MEMBERSHIP APPLICATION**

THE VOICE OF HARRIS COUNTY LAW ENFORCEMENT

ANY PREEXISTING ISSUES PRIOR TO MEMBERSHIP MAY NOT BE COVERED AND ARE SUBJECT TO A FEE OF \$5,000 OR MORE

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR MEMBERSHIP RECORDS. NO PERSONAL INFORMATION WILL BE RELEASED

LAST NAME:		FIRST NAME:		MI:
MAILING ADDRESS:			DOB:	
CITY/STATE:		ZIP:	PHONE:	
PAYROLL ID (EIN):	PERSONAL EMAIL:		DATE:	
DEPARTMENT: MARK ONE				
HCSO: ___ PEACE OFFICER ___ DETENTION OFFICER ___ CLERK ___ MEDICAL ___ COMMUNICATIONS OFFICER				
CONSTABLE PRECINCT NUMBER _____ : _____ PEACE OFFICER _____ CLERK				
JUVENILE PROBATION: _____ OTHER: _____				
CHECK ALL THAT APPLY:				
_____ DUES \$35 A MONTH				
_____ PAC FUND – I AUTHORIZE HCDO POLITICAL ACTION COMMITTEE TO DEDUCT FROM				
MY PAYCHECK: \$ _____				
_____ Deputies Relief Fund – I AUTHORIZE Deputies Relief Fund TO DEDUCT FROM				
MY PAYCHECK: \$ _____				
_____ CONCERNS OF POLICE SURVIVORS – I AUTHORIZE A DONATION TO C.O.P.S. TO BE				
DEDUCTED FROM MY PAYCHECK: \$ _____				
_____ ADDITIONAL INSURANCE (ADDITIONAL FORMS NECESSARY)				

I do hereby make application for active membership in HCDO FOP 39. If my membership should be revoked or discontinued for any cause, I do hereby agree to return to said Lodge my membership card and any other material bearing the FOP insignia such as auto emblem, lapel pin, etc.

OATH OF OBLIGATION

I, the undersigned, in the presence of the Creator of the Universe and the members of the Fraternal Order of Police, do most solemnly and swear, that I will do to the best of my ability, comply with all the laws and rules of this Order; that I will recognize the authority of my legally elected officers and obey all orders there from not in conflict with my religious or political views, or my rights as an American citizen; that I will not cheat, wrong, or defraud this Order, or any member thereof, or permit the same to be done if in my power to prevent it; that I will at all times aid and assist a worthy Brother or Sister in sickness or distress, so far as it lies in my power to do so; That I will not divulge any secrets of this order to anyone not entitled to receive them. To all of which I most solemnly and sincerely promise and swear. Should I violate this, my solemn oath and obligation, I hereby consent to be expelled by the Order.

Signature _____ Date _____

PAYROLL DEDUCTION AGREEMENT

Date _____

I, the undersigned County (C) or Flood Control District (F) employee, hereby authorize the Harris County Auditor to make biweekly payroll deductions (amount will **not** be deducted from the third pay period of the month).

EMPLOYEE ID NUMBER	BUSINESS UNIT (DEPARTMENT)	EFFECTIVE DATE

GENERAL DEDUCTIONS

DEDUCTION CODE	DESCRIPTION	BIWEEKLY AMOUNT	DEDUCTION CODE	DESCRIPTION	BIWEEKLY AMOUNT
003	Union 1550 Dues		014	Harris County Federal Credit Union (HCFCU use only)	
004	Afro-American Sheriff's Deputy League		015	Concerns of Police Survivors, Inc. local chapter (COPS) (min. \$2.50)	
005	Cleat		016	Harris County Sheriff's Office Benevolence Association (min. \$2.50)	
006	Harris County Deputies' Organization		017	United Way of Baytown Area (min. \$2.50)	
007	Coalition of Police & Sheriffs, Inc.		018	United Way of Greater Houston (min. \$2.50)	
008	Texas Municipal Police Association		019	Community Health Charities Texas (min. \$2.50)	
009	Mexican American Sheriff Organization		020	Harris County Official Court Reporters Association (min. \$25.00)	
010	Fraternal Order of Police Lodge #39		059	Houston Food Bank (min. \$2.50)	
011	Houston Federation of Teachers		060	The 100 Club (min. \$2.50)	
013	Non-owned Auto Liability				

DEFERRED COMPENSATION

022	Nationwide Def. Comp. BT (before tax) <small>(min. \$12.50, regular employees only)</small>		025	Nationwide Def. Comp. AT (after tax) Roth <small>(min. \$12.50, regular employees only)</small>	
023	Valic Def. Comp. BT (before tax) <small>(min. \$12.50, regular employees only)</small>		026	Valic Def. Comp. AT (after tax) Roth <small>(min. \$12.50, regular employees only)</small>	
024	Voya Def. Comp. BT (before tax) <small>(min. \$12.50, regular employees only)</small>		027	Voya Def. Comp. AT (after tax) Roth <small>(min. \$12.50, regular employees only)</small>	

DEFERRED COMPENSATION SPECIAL CATCH-UP (Vendor form required)

045	Nationwide Def. Comp. BT SPCL (before tax) <small>(min. \$12.50, regular employees only)</small>		048	Nationwide Def. Comp. AT SPCL (after tax) Roth <small>(min. \$12.50, regular employees only)</small>	
046	Valic Def. Comp. BT SPCL (before tax) <small>(min. \$12.50, regular employees only)</small>		049	Valic Def. Comp. AT SPCL (after tax) Roth <small>(min. \$12.50, regular employees only)</small>	
047	Voya Def. Comp. BT SPCL (before tax) <small>(min. \$12.50, regular employees only)</small>		050	Voya Def. Comp. AT SPCL (after tax) Roth <small>(min. \$12.50, regular employees only)</small>	

Such deductions as are made under this agreement are to be paid to:

In consideration for the County or Flood Control District making such payroll deductions, the undersigned employee releases the County Auditor, the County, and the Flood Control District from any and all liability, and waives all errors, if any, made by way of the deduction or failure to make a deduction.

Employee Signature

Witness Signature

Employee Name (Printed or Typed)

Witness Name (Printed or Typed)