



The Denver Police Protective Association



2105 DECATUR STREET
DENVER COLORADO 80211
(303) 433-8247 FAX (303) 477-3166

PPA MEMBERSHIP CANCELLATION FORM

I, _____, hereby cancel my membership in
(Print)
the Denver Police Protective Association, effective _____
(Date)

I understand that by canceling my membership in the Denver Police Protective Association, I relinquish all the rights and benefits of the Association including, but not limited to, longevity, cellular telephone plan, all legal coverage, regardless if it is a criminal, civil or departmental action which is alleged to have arisen out of my employment with the Denver Police Department

Fair Share Fee Deduction Authorization

I hereby authorize the City and County of Denver to deduct from my paycheck and to remit to the Denver Police Protective Association my fair share fee relating to the costs of negotiating and administering the collective bargaining agreement between the Denver Police Protective Association to the City. Written notice will be made to all department personnel prior to the amount changing. This authorization shall remain in full force and effect until revoked by me in writing.

Signature

Date

Badge Number

Date faxed to personnel: _____