

SANTA CLARA COUNTY PEACE OFFICERS' ASSOCIATION P.O. Box 4629, Mountain View, CA 94040 (408)264-1224

Update Contact Information

Name _____ Spouse _____ Phone _____

Address _____ City _____ Zip _____

Agency _____ Badge # _____ Agency PH _____

Rank /Title _____

If Associate. (NON LE) referred by _____

Sex Male Female DOB _____ Age _____ # of Dependents _____

Email Address _____

Yearly membership LE Active \$100 ASCLE Active \$100 LE Retired \$75 ASC \$150 *Full Payment Required*

Beneficiary Information for Insurance

Optional AD&D INSURANCE *Effective May 1- April 30* AD&D Insurance Coverage Requested: \$15/year

Beneficiary _____ Relationship _____ DOB _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Total amount \$ _____ Signed _____

CHANGES TO MEMBERSHIP INFORMATION - OPTIONAL AD&D INSURANCE CARD