



SANTA CLARA COUNTY PEACE OFFICERS' ASSOCIATION

P.O. Box 4629, Mountain View, CA 94040 Phone (408)264-1224 www.sccpoa.org

MEMBERSHIP APPLICATION

To join, just mail your completed application, copy of your agency ID card and payment to the address above.

Name _____

Address _____

City _____ ZIP _____

Phone _____

Email Address _____

Agency _____

Rank/Title _____

Badge ID _____ Agency PH _____

Sex: Male Female DOB _____

(AD&D) Accidental Death and Dismemberment Insurance, valued at \$15,000, is available for a nominal fee to our members.

Optional AD&D INSURANCE Effective May 1- April 30

AD&D Insurance Coverage Requested: \$15/year

Deadline for Insurance is by April 30

Beneficiary _____

Address _____

City _____ State _____ Zip _____

Phone _____ Age _____

Relationship _____ Age _____

MEMBERSHIP

Law Enforcement Membership – Full-time sworn Peace Officers working within Santa Clara County

LE Active \$100 LE Retired \$75

Associate Membership – All Others, Including Full-time sworn Peace Officers working outside Santa Clara County (Active / Retired)

ASC LE \$100 (Full-time Sworn Peace Officer)

ASC FED \$150 (Federal Agent / Special Agent / Officer)

ASC COR \$150 (Correctional Officer/ Deputy)

ASC DPO \$150 (Deputy Probation Officer)

ASC RES \$150 (Reserve Officer/ Deputy)

ASC EP \$150 (Executive Protection Specialist)

ASC FIR \$150 (Fire Fighter/ Investigator)

ASC CTS \$150 (Court Judge / DA)

ASC MIL \$150 (Military Officer)

If Associate referred by _____

YEARLY MEMBERSHIP *Effective January 1- December 31

Note if joining after Oct 1 the following year's membership is included.

I hereby authorize the SCCPOA to confirm and verify my status as a bonafide Police Agent or Officer for the Agency listed above. I release any individual, organization or agency from any and all liability incurred as a result of providing such information.

Please enclose a copy of your agency ID card (Front & Back side PC830 - 832.17)

Total amount: \$ _____

Payments:



Credit Card processed by PayPal

Check mailed to address above

Signed _____

Date _____

Soon you will receive your membership packet, card, voluntary work-party dates, property rules, and **confidential** member-only lock access.

Any Questions please email them to Membership@sccpoa.org