



OCP/OCEMF

Membership Application

PO Box 57652 * OKC, OK 73157

(405) 295-5883



First Name: _____ **MI:** _____ **Last Name:** _____ **DOB:** _____

Home Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Agency: (DOC) (PPB) Work Location: _____ **Position:** _____

Work Address: _____ **City:** _____ **State: OK Zip:** _____

Home e-Mail: _____ **Work e-Mail:** _____

Payroll Deduction Authorization: I HEREBY AUTHORIZE THE STATE OF OKLAHOMA TO DEDUCT FROM MY PAY THE AMOUNT CHECKED BELOW REQUIRED TO PURCHASE DUES IN OKLAHOMA CORRECTIONS PROFESSIONALS, SUBJECT TO MY RIGHT TO REVOKE THIS ORDER BY WRITTEN NOTICE TO MY EMPLOYER.

- Dues Options:** **\$15 Basic Dues** (I UNDERSTAND 16.66% WILL GO TOWARDS THE OCEMF AND THE OCPPAC EACH)
 Check here to opt out of the PAC donation (\$12.50 to OCP, \$2.50 to Memorial)
 \$2.50 Memorial Dues Only

BY SIGNING THIS APPLICATION, I AUTHORIZE RELEASE OF MY HOME ADDRESS AND CONTACT INFORMATION TO OCP.

Signature: _____ **Last 4 Digits of SS #:** _____ **Date Submitted:** _____

PLEASE RETURN APPLICATION TO OKLAHOMA CORRECTIONS PROFESSIONALS AT THE ADDRESS LISTED ABOVE.



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