



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 WILL BE \$5 FOR THE FIRST SIX MONTHS, THEN INCREASE TO \$15

Dues Options: \$15 Basic Dues (I UNDERSTAND 16.66% WILL GO TOWARDS THE OCEMF AND THE OCPPAC EACH)
 \$15 + \$ _____ = \$ _____ CIRCLE BELOW WHICH ENTITY YOU WOULD LIKE FOR THE EXTRA DUES TO GO TO

OCP OCEMF OCPPAC (If more than one entity is circled the extra dues will be equally divided among those circled)

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.