



Membership Application (or change in donation amount)

Name: _____

Employee ID: _____

Personal email address: _____

Date: _____

Signature: _____

San Jose Police Amateur Athletic Foundation

I do hereby authorize the Finance Director to deduct from the payroll and each pay period thereafter the amount of \$ _____ in payment of my contribution to the San Jose Police Amateur Athletic Foundation (PAAF).

Total bi-weekly PAAF
Deduction

\$ _____

(\$3.50 minimum per pay period)