



**MEMBERSHIP APPLICATION
(or change in donation)**

NAME: _____

EMPLOYEE # (SJPD Member ONLY) _____

SSN: (SJPD Members ONLY) _____

AGENCY: (if other than SJPD) _____

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).
(For SJPD Members ONLY)

<p>TOTAL PAAF DEDUCTION</p> <p>\$ _____</p> <p>(\$3.50 minimum per pay period or \$91 for NON-SJPD/Retirees)</p>
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