



# AUTHORIZATION FOR PAYROLL DEDUCTION AND MEMBERSHIP APPLICATION



## Florida Council on Crime and Delinquency

Membership	
<input type="checkbox"/> New	<input type="checkbox"/> Renewal
<input type="checkbox"/> Payroll Deduction	<b>Annual</b>
	<input type="checkbox"/> Student \$15 <input type="checkbox"/> Non-Profit Organization \$100 <input type="checkbox"/> Individual \$25 <input type="checkbox"/> Business \$200
<input type="checkbox"/> Lifetime \$375	

Information Update
<input type="checkbox"/> Address Change
<input type="checkbox"/> Chapter Transfer
From _____ To _____

.....

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Chapter \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Agency \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_ Referred By \_\_\_\_\_

People First ID/Agency ID # \_\_\_\_\_ Or Amount Enclosed \$ \_\_\_\_\_

.....

### Complete this section for Payroll Deduction

Miscellaneous deduction code:	<input type="checkbox"/> State of Florida <b>0414 (Council Crime)</b> <input type="checkbox"/> County/City/Other      _____
<p>I, _____ (Name) _____ (People First ID for State of Florida or Agency ID for County/City/Other), authorize my employer to deduct \$1.00 biweekly (for biweekly agencies) or \$2.00 monthly (for monthly agencies), beginning with the warrant date _____ for FCCD membership. I understand this deduction will continue until I authorize cancellation.</p>	
_____ <b>Signature</b>	

Forward completed form to:

shelley.liddle@myfccd.org

OR

FCCD  
P. O. Box 91414  
Lakeland, FL 33804-1414