

# FLORIDA COUNCIL ON CRIME AND DELINQUENCY MEMBERSHIP

— PAYROLL DEDUCTION FORM (0414 Council Crime)



## MEMBERSHIP LEVEL

Membership Type :  
(Choose one)

- Silver Membership - Payroll Deduction (Minimum of \$2.00 per pay period)
- Annual Individual - \$50.00
- Student Individual - \$30.00 (Age 18 - 24)
- Lifetime - \$750.00
- Non-Profit Business - \$100.00     Business - \$200.00

Information Update:  Address Change     Chapter Transfer from \_\_\_\_\_ to \_\_\_\_\_

## PERSONAL INFORMATION Your information is protected and will not be share

First Name :  MI :  Last Name :

Address :

City :  State :  Zip Code :

County :  Phone # :

Agency :  Work Location :

E-Mail :

Chapter:  Referred by:

Complete this section for Payroll Deduction

I, \_\_\_\_\_, \_\_\_\_\_ authorize my  
(Printed Name) (People First ID)

employer to deduct \$ \_\_\_\_\_ or \$ \_\_\_\_\_, beginning with warrant  
(Min. \$2.00 for biweekly agencies) (Min. \$4.00 for monthly agencies)

date, \_\_\_\_\_ for FCCD membership. I understand this deduction will continue until I  
authorize cancellation.

\_\_\_\_\_  
Signature

Forward completed form to:

shelley.liddle@myfccd.org

or

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

THANK YOU FOR JOINING THE FCCD FAMILY

rev: 09/30/2023