



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	Annual
	<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 0414 (Council Crime) <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>		
		_____ Signature

Forward completed form to:

rob.lingis@myfccd.org

OR

FCCD
P. O. Box 399
Orange Park, FL 32067-0399