



# 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	<p style="text-align: center;"><b>Annual</b></p> <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 _____

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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>		
		<p>_____</p> <p><b>Signature</b></p>

Forward completed form to:

rob.lingis@fccdweb.org

OR

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