

I, _____, hereby make application for membership in The Association of Colorado State Patrol Professionals and certify that I am an employee of the **Colorado Department of Public Safety** holding the position of _____.

DUTY ASSIGNMENT & INFORMATION:

Date of employment (hire date) _____ Employee# (IBM) _____

District/Department (i.e. Office/Branch location): _____

PERSONAL INFORMATION:

Home Address _____ City _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Personal Email Address _____

Date of Birth _____

I authorize the ACSPP to deduct monthly membership dues from my account in the amount indicated below:

Membership Type	1st year of Employment <i>(rates do <u>not</u> reflect PLEA coverage)</i>	Subsequent Years <i>(rates for Civilian/Communications do <u>not</u> reflect PLEA coverage)</i>
Uniform	\$20.00 _____	\$35.50 _____
Civilian	\$15.00 _____	\$24.00 _____
Communication	\$15.00 _____	\$24.00 _____
Legal Defense Fund	\$13.75* _____	\$13.75* _____

**PLEA Legal Defense monthly rate as of January 1, 2018, is \$8.75 for Basic Legal Defense, \$2.50 for Phone Consultation Program, and \$2.50 for Supplemental, in addition to basic membership fee and optional supplemental insurances. This rate has not varied since inception with the Professional Law Enforcement Association (PLEA). If changes do occur, all members are notified via email when/if a change occurs.*

If you DO NOT wish to pay for this insurance, please fill out the Declination of Legal Defense Fund Coverage form and email, fax, or email it to the address indicated and you will not have the \$13.75 included in your dues. This amount also DOES NOT include any additional supplemental insurance premiums you may desire.

ACSPP Member Signature _____ **Date** _____

Complete only if both spouses are ACSPP Members:

When both spouses are employed by the Colorado Department of Public Safety and both become an ACSPP member, the second spousal membership will be: \$20.00 per month for Uniforms and \$15.00 per month for Civilian/Communications (not including PLEA rates or optional supplemental insurance premiums). Individual paperwork still required for their Membership.

Name of spouse: _____ Classification/Position: _____

Amount of spousal rate: _____