



MEMBERSHIP DUES PAYMENT

New Member/Associate Member **Renewal**

First Name _____ Last Name _____

City Department _____ Position _____

Email Address _____

Phone _____ Cell _____

Membership Classification:

Member – Active employees of the City of Dallas (full-time, part-time, temporary, seasonal), and employees of a staffing service agency on assignment with the City of Dallas.

Associate Member – Elected official or retired employee of the City of Dallas.

Payment Options:

Payroll Deductions (Bi-weekly until cancelled. For active City employees only.)
Indicate amount of deduction:

\$1 \$5 \$10 Other \$ _____

Employee Number _____
(used by CCO to initiate payroll deductions)

Check or Money Order Enclosed (Made Payable to Dallas CAPE)
Indicate amount: _____

Signature _____ Date: _____