



## 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: \_\_\_\_\_