

ARIZONA CORRECTIONS ASSOCIATION MEMBERSHIP APPLICATION

I, the undersigned, a full-time employee of an eligible class, do hereby make application for active membership in the Arizona Corrections Association (ACA), as well as any organization deemed appropriate.

NAME _____
First Name Middle Name Last Name E.I.N. Rank

_____ Mailing Address City State Zip Code

_____ (area code) Home Phone

_____ (area code) Cell Phone

_____ (area code) Other Contact

AGENCY: DOC

_____ Facility / Unit

_____ Personal e-mail

MEMBERSHIP DUES ARE \$13/PAY CYCLE. ACA IS A NON-PROFIT LABOR ORGANIZATION. ACA DUES ARE TAX DEDUCTABLE.

SIGNATURE: _____ TODAY'S DATE _____



ARIZONA CORRECTIONS ASSOCIATION
www.correctionsassociation.org

Member Beneficiary Information

ACA provides each member with a \$10,000 death benefit and a \$50,000 line of duty death benefit as part of your membership benefits.

For insurance purposes please provide the following: Member's Date of Birth _____

Name of Beneficiary _____

Address of Beneficiary _____ City _____ State _____ Zip Code _____

Arizona Corrections Association Voluntary Political Action Committee (PAC) Election Form

Last Name _____ First Name _____ Rank _____

Address _____ City _____ State _____ Zip Code _____

ACA dues per pay period \$13.00

Voluntary PAC Contribution _____

Total amount per pay period _____

I hereby authorize the State of Arizona Department of Administration to deduct the total amount listed above each pay period (24 pay periods annually)

Signature _____ Date _____