



Las Vegas Police Protective Association Metro, Inc.

MEMBERSHIP APPLICATION FORM FOR COMMISSIONED METRO/CITY EMPLOYEES

Detective
Chris Collins
Executive Director

Corrections Officer
Thomas J. Reid
Asst. Executive Director

Officer
Mark Chaparian
Asst. Executive Director

Corrections Officer
Kenneth Lochner
Treasurer

Detective
Michelle R. Jotz
Director of Governmental Affairs

Officer
Kevin C. Barker
Sergeant-At-Arms

Detective
Darryl Clodt
Secretary

Attorney
John Dean Harper
General Counsel

Attorney
Kathryn Collins
General Counsel

P # _____

FIRST NAME: _____ LAST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ OTHER PHONE: _____

DATE OF BIRTH: _____ DATE OF HIRE: _____

SS#: _____ - _____ - _____ EMAIL: _____

METRO EMPLOYEE: _____ CITY EMPLOYEE: _____

BUREAU: _____ CLASSIFICATION: _____

SIGNATURE: _____ DATE: _____

- YOUR DUES PAYMENT IS TAX DEDUCTIBLE AS AN ORDINARY AND NECESSARY BUSINESS EXPENSE, BUT IS NOT TAX DEDUCTIBLE AS A CHARITABLE CONTRIBUTION.
- DONATIONS TO LVPPA METRO CHARITIES, INC. ARE DEDUCTIBLE AS A CHARITABLE CONTRIBUTION.
- PPA DUES WILL NOT BE DEDUCTED FROM YOUR CHECK UNTIL YOU GRADUATE FROM THE ACADEMY. THE ATTACHED PAYROLL DEDUCTION SHEET MUST BE SIGNED AND DATED BY YOU AND ATTACHED TO THIS FORM

UPDATED 7/14/09

9330 W. Lake Mead Blvd., Suite 200 • Las Vegas, NV 89134

Office: (702) 384-8692 • Fax: (702) 384-7989

Email: office@lvppa.com • www.lvppa.com

LAS VEGAS METROPOLITAN POLICE DEPARTMENT
PAYROLL RECURRING DEDUCTIONS SHEET

Employee Name	P#	Daytime Contact Number
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Wage Type	Deduction Type	Deduction Amount	Start Date	Stop Date	
DUES					
5009	Black Police Dues (24 pay periods)				
5010	NLPOA Dues (24 pay periods)				
5007	PMSA Dues (24 pay periods)				
5005	PPA Dues (24 pay periods)	\$ 39.64	A.S.A.P		
5006	PPACE Dues (all pay periods)				
5008	SPA Dues (24 pay periods)				

MISCELLANEOUS DEDUCTIONS

5405	City Hall Parking (24 pay periods)				
5200	LVPPA Metro Charities (24 pay periods)				<input type="checkbox"/> One Time <input type="checkbox"/> Recurring
5403	Police Museum (24 pay periods)				<input type="checkbox"/> One Time <input type="checkbox"/> Recurring
5404	Prepaid Legal Svcs. (24 pay periods)				
5400	United Way (26 pay periods)				<input type="checkbox"/> One Time <input type="checkbox"/> Recurring
	Other				

LOANS

					Declining Amount
4532	Misc. Payback (one time deduction)		Reason:		
5200	PPA Assoc. Loan (24 pay periods)				\$
5220	PPACE Assoc. Loan (24 pay periods)				\$
5210	SPA Loan (24 pay periods)				\$
5410	Purchase Retirement (24 pay periods)	<i>To purchase retirement you must initiate your request through PERS. You may stop the deduction using this form.</i>			\$
5413	Purchase Retirement 2 (24 pay periods)				\$

<i>Employee Signature & PN</i> (Sign name as it appears on paycheck)	Date	Representative Signature	Date
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BENEFICIARY DESIGNATION

(check only one box)

Initial Beneficiary Designation(s) OR;

Change of all Prior Beneficiary Designation(s)

I hereby revoke any previous beneficiary designation(s), if any, for my group term life insurance and/or accidental death and dismemberment (AD&D) insurance issued to this group or employer and direct that the insurance proceeds payable under the policy be paid as indicated below.

Employee Name	Social Security Number
Employee Address	Telephone Number
Policy Holder/Employer Las Vegas Police Protective Association Metro, Inc.	

NAMING THE BENEFICIARY

It is important that your beneficiary designation be clear so that there will be no question as to your intent. It is also important that you name a primary and contingent beneficiary. When naming your beneficiary(ies) please indicate their full name, address, social security number, and relationship. If the beneficiary is not related either by blood or marriage, insert the words, "Not Related."

Primary Beneficiary(ies)
Name
Address
Social Security Number: Relationship: Benefit Percent:
Name
Address
Social Security Number: Relationship: Benefit Percent:
Contingent Beneficiary(ies)
Name
Address
Social Security Number: Relationship: Benefit Percent:
Name
Address
Social Security Number: Relationship: Benefit Percent:

I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said beneficiary(ies).

Signature of Employee:

Date: