



# Las Vegas Police Protective Association Metro, Inc.

## MEMBERSHIP APPLICATION FORM FOR COMMISSIONED METRO/CITY EMPLOYEES

Detective  
**Chris Collins**  
*Executive Director*

Officer  
**Mark Chaparian**  
*Asst. Executive Director*

Corrections Officer  
**Thomas J. Reid**  
*Asst. Executive Director*

Corrections Officer  
**Kenneth Lochner**  
*Treasurer*

Detective  
**Michelle R. Jotz**  
*Director of Governmental Affairs*

Officer  
**Paul Bigham**  
*Secretary*

Detective  
**Darryl Clodt**  
*Sergeant-At-Arms*

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

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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	
<b>DUES</b>					
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)				

<b>MISCELLANEOUS DEDUCTIONS</b>					
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				

<b>LOANS</b>					<b>Declining Amount</b>
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)				\$

<b>Employee Signature &amp; PN</b> <i>(Sign name as it appears on paycheck)</i>	<b>Date</b>	<b>Representative Signature</b>	<b>Date</b>
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POLICY SERVICES DEPARTMENT  
333 WESTCHESTER AVENUE • NEW YORK, NY 10604-2910

REQUEST FOR  
**CHANGE OF BENEFICIARY AND/OR CHANGE OF NAME**

PLEASE TYPE OR PRINT

EMPLOYEE SOCIAL SECURITY NO	EMPLOYER/COMPANY NAME	POLICY NO. <b>26NVO2</b>
EMPLOYEE/INSURED'S Name & Address	(Last)	(First) (Middle Initial)
Street		
City, State, Zip		

**BENEFICIARY CHANGE**

**PRIMARY**

Name	Relationship	Address
1.		
2.		

**CONTINGENT**

Name	Relationship	Address
1.		
2.		

**CHANGE OF NAME**

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

DATE \_\_\_\_\_, 20\_\_\_\_ SIGNATURE X \_\_\_\_\_

FOR INSURANCE COMPANY'S USE ONLY - ACKNOWLEDGEMENT OF CHANGE		
The recording of the change(s) requested above is hereby acknowledged.	Date Recorded	Policy Services Department
		Initials