

Coalition of Police and Sheriffs, Inc., Local 911

3605 Katy Freeway, Suite 103, Houston, Texas 77007* (713) 227-COPS (2677) * Fax (713) 802-0517

Last Name	First Name	SSN#	DOB
Address	City	State	Zip
Cell Number	Alt. Phone	Personal EMAIL (for legal updates)	Name of Employer

MONTHLY DUES:

Membership \$31.95.....Legal coverage for on-duty issues only.
 Legal PLUS **GOLD** (Member only) \$14.95.....Extended coverage for off-duty legal issues, free WILLS, unlimited calls and
Subtotal \$46.90 Legal PLUS payments to member of \$200 per day suspended.
 (\$23.45 per pay period) See website for details.

OPTIONAL FEES:

Legal PLUS GOLD /Spouse @ \$14.95 \$ _____
 Legal PLUS/Dependent @ \$14.95 ea. \$ _____
 AFLAC Insurance: \$ _____
 Family Firearm Protection Plan \$ _____
 Other: \$ _____

CHECK OUT C.O.P.S. ONE-OF-A KIND REIMBURSEMENT PROGRAM!!!
www.COPSweb.org
C.O.P.S. IS A PROUD AFFILIATE OF THE INTERNATIONAL UNION OF POLICE ASSOCIATION AND AFL-CIO

Explanation: _____
 County Auditor's Form 777
 Hams County, Texas (REV. 08/07) PAYROLL DEDUCTION AGREEMENT. All Legal issues regarding member that existed prior to membership is not covered.
 I, the undersigned County (C) or Flood Control District (F) employee, hereby authorize the Harris County Auditor to make monthly payroll deductions from my pay in the following amount:

CODE	C,F	DEPARTME NT #	SOCIAL SECURITY NUMBER	EFFECTIVE DATE	DEDUCTION TYPE	MONTHLY DEDUCTION AMOUNT
D	C				2575	\$

Deduction Type	Description	Deduction Type	Description
2571	Sheriff Association Dues	2576	TX Coalition of Law Enforcement Officers
2572	Afro-American Sheriffs Deputy League	2577	Mexican American Sheriff Organization
2573	CLEAT	2578	Fraternal Order of Police Lodge #39
2574	HCDO	2800	Concerns of Police Survivors, Inc.
2575	Coalition Of Police & Sheriffs, Inc.		

Such deductions as are made under this agreement are to be paid to: COALITION OF POLICE & SHERIFFS INC. [type 2575]

In consideration for the County or Flood Control District making such payroll deductions, the undersigned employee releases the County Auditor, the county, and the Flood Control District from any and all liability, and waives all errors, if any, made by way of the deduction or failure to make a deduction.

Witness Signature

Witness Name (Printed or Typed)

Employee signature

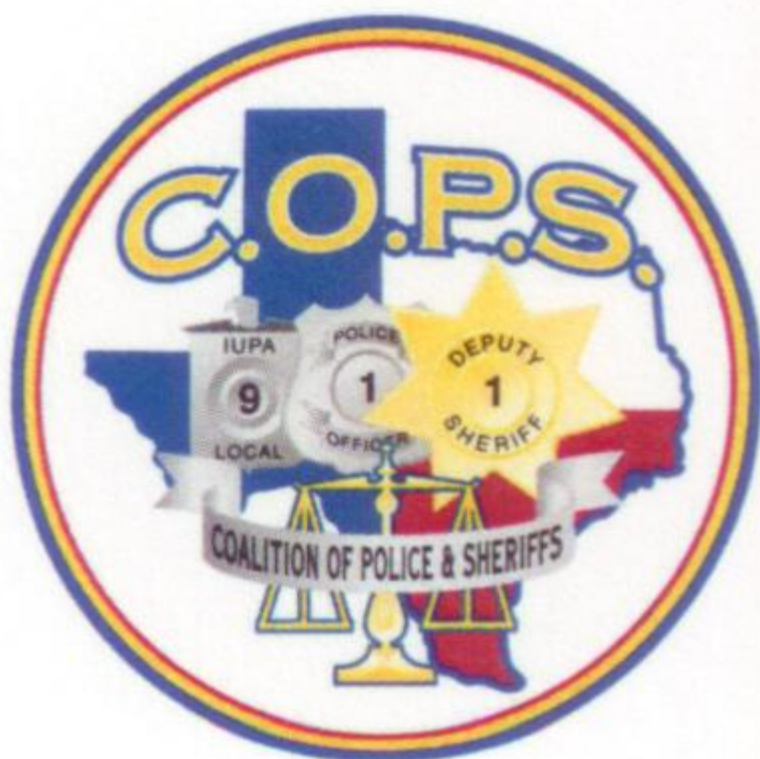
Employee Name (Printed or Typed)

Complete this form and fax to C.O.P.S. at (713) 802-0517 or scan/email to COPSUNION@aol.com. Coverage will begin immediately upon receipt of this form.

C.O.P.S.

FAMILY FIREARM PROTECTION PLAN

OFFERED EXCLUSIVELY TO C.O.P.S. LEGAL PLUS MEMBERS



DEPENDENT INFORMATION FORM AND PLAN

Member's Name:

Effrt Date:

IMPORTANT:

ONLY PERSON(S) NAMED ON THIS FORM WILL BE ENTITLED TO LEGAL REPRESENTATION FOR FIREARM DEFENSE!!!

Plan A
INDIVIDUAL PLAN
\$13.95 a month

Add One (1) Adult Dependent Below:

Dependent's Name

DOB

EMAIL

Dependent's Phone Number

Plan B
FAMILY PLAN
\$19.95 a month

Add Three (3) Adult Dependents Below:

#1Dependent

DOB _____

EMAIL _____

Ph# _____

#2Dependent

DOB _____

EMAIL _____

Ph# _____

#3Dependent

DOB _____

EMAIL _____

Ph# _____