



# I.U.P.A. LOCAL 6020

INTERNATIONAL UNION OF POLICE ASSOCIATIONS  
BROWARD DEPUTY SHERIFFS ASSOCIATION  
THE VOICE OF LAW ENFORCEMENT OFFICERS

## AUTHORIZATION TO DEDUCT DUES

<b>TO/EMPLOYER:</b>	<b>Broward County Sheriff's Office – Local 6020</b>
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I hereby assign to the International Union of Police Associations (I.U.P.A.), from any wages earned or to be earned by me as your employee, my periodic dues in such amounts as are now or hereafter established by the I.U.P.A.. I authorize and direct you to deduct and withhold such amounts from my salary and to remit the same to said I.U.P.A.. I hereby waive all rights and claims to said monies deducted and transmitted in accordance with this authorization, and release my employer and all its officers from any liability therefore. This assignment, authorization and direction shall be revocable any time upon thirty (30) days prior written notification to my employer and the I.U.P.A.

**Name of Employee (Print):** \_\_\_\_\_

**Signature of Employee:** \_\_\_\_\_

**Employee Number (CCN):** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_ (PC 6020)

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## Membership Application – International Union of Police Associations (I.U.P.A.) Local 6020

I, the undersigned, do hereby apply for membership in the International Union of Police Associations.

**Name of Employee (Print):** \_\_\_\_\_

**Signature of Employee:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

**Personal Email:** \_\_\_\_\_ (PC6020)

**Email Application to:** greg@6020.iupa.org, membership@iupa.org, & Alicia\_Lengyel@sheriff.org