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P: 713-659-0005
Email Form to: info@hcdo.com
www.hcdo.com

HARRIS COUNTY DEPUTIES' ORGANIZATION FOP LODGE 39
MEMBERSHIP APPLICATION
THE VOICE OF HARRIS COUNTY LAW ENFORCEMENT

ANY PREEXISTING ISSUES PRIOR TO MEMBERSHIP MAY NOT BE COVERED AND ARE SUBJECT TO A FEE OF $5000 OR MORE

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR MEMBERSHIP RECORDS. NO PERSONAL INFORMATION WILL BE RELEASED

LAST NAME:	FIRST NAME:	MI:
MAILING ADDRESS:	UNIT:	DOB:
CITY/STATE:	ZIP: / PHONE:	GENDER:
PAYROLL ID (EIN):	PERSONAL EMAIL:	DATE:

DEPARTMENT: _____

ACTIVE MEMBER: ☐ PEACE OFFICER ☐ DETENTION OFFICER ☐ COM OFFICER ☐ CLERK

RETIRED: ☐ _____ **(DUES $250/YEAR)** **RESERVE:** ☐ _____ **(DUES $35/MONTH)**

ACTIVE MEMBER DUES:

$62 MONTHLY MEMBERSHIP DUES ($31 A PAY PERIOD) INCLUDES LIFE INSURANCE

$5 PAC FUND – VOLUNTARY FOR POLITICAL ACTIONS BY HCDO ☐ **OPT OUT**

$3 ADF – VOLUNTARY CHARITY DONATION TO HELP MEMBERS IN NEED ☐ **OPT OUT**

$70 TOTAL MONTHLY SUGGESTED DUES ($35 A PAY PERIOD)

_____**: ADDITIONAL DONATION FOR** _____

I do hereby make this application for active membership in HCDO FOP 39. If my membership should be revoked or discontinued for my cause, I do hereby agree to return to said Lodge, my membership card and any other material bearing the FOP insignia.

OATH OF OBLIGATION

I, the undersigned, in the presence of the Creator of the Universe and the members of the Fraternal Order of Police, do most solemnly and swear, that I will do to the best of my ability, comply with all the laws and rules of this Order, that I will recognize the authority of my legally elected officers and obey all orders there from not in conflict with my religious or political views, or my rights as an American citizen; that I will not cheat, wrong, or defraud this Order, or any ember thereof, or permit the same to be done if in my power to prevent it; that I will at all times aid and assist a worthy Brother or Sister in sickness or distress, so far as it lies in my power to do so; That I will not divulge any secrets of this Order to anyone not entitled to receive them. To all of which I most solemnly and sincerely promise and swear. Should I violate this, my solemn oath and obligation, I hereby consent to be expelled by the Order.

Signature _____ Date _____

County Auditor's Form 777
Harris County, TX (REV. 3/6/2026)

PAYROLL DEDUCTION AGREEMENT

Date: _____

I, the undersigned County (C) or Flood Control District (F) employee, hereby authorize the Harris County Auditor to make biweekly payroll deductions (amount will **not** be deducted from the third pay period of the month).

EMPLOYEE ID NUMBER	BUSINESS UNIT (DEPARTMENT)	EFFECTIVE DATE

GENERAL DEDUCTIONS[1]

[1]In accordance with Local Government Code §155.003, public funds may not be used to pay the administrative costs of making a deduction. Therefore, administrative costs will be deducted from the amount(s) you designate below, and the remainder will be remitted to your selected entity(ies). Administrative costs vary based upon the number of employees that select each entity.

DEDUCTION CODE	DESCRIPTION	BIWEEKLY AMOUNT	DEDUCTION CODE	DESCRIPTION	BIWEEKLY AMOUNT
003	**Union 1550 Dues**		016	**Harris County Sheriff's Office Benevolence Association** (min. $2.50)	
004	**Afro-American Sheriff's Deputy League**		018	**United Way of Greater Houston** (min. $2.50)	
005	**CLEAT - Sheriff's Office**		019	**Community Health Charities Texas** (min. $2.50)	
006	**Harris County Deputies' Organization**		020	**Harris County Official Court Reporters Association** (min. $12.50)	
007	**Coalition of Police & Sheriffs, Inc.**		059	**Houston Food Bank** (min. $2.50)	
008	**Texas Municipal Police Association**		060	**The 100 Club** (min. $2.50)	
009	**Mexican American Sheriff Organization**		062	**Precinct2gether - Crisis Fund**	
010	**Fraternal Order of Police Lodge #39**		063	**Precinct2gether - General Fund**	
013	**Non-owned Auto Liability**		067	**CLEAT - Constable's Office**	
014	**Harris County Federal Credit Union** (HCFCU use only)		068	**CLEAT - Law Enforcement, Other**	
015	**Concerns of Police Survivors, Inc. local chapter (COPS)** (min. $2.50)		069	**Asian American Peace Officers' Association**	

DEFERRED COMPENSATION[2]

022	**Nationwide Deferred Comp. BT (before tax)** (min. $12.50, regular employees only) See **Note** below		025	**Nationwide Deferred Comp. AT (after tax) Roth** (min. $12.50, regular employees only) See **Note** below	
023	**Valic Deferred Comp. BT (before tax)** (min. $12.50, regular employees only) See **Note** below		026	**Valic Deferred Comp. AT (after tax) Roth** (min. $12.50, regular employees only) See **Note** below	
024	**Voya Deferred Comp. BT (before tax)** (min. $12.50, regular employees only) See **Note** below		027	**Voya Deferred Comp. AT (after tax) Roth** (min. $12.50, regular employees only) See **Note** below	

DEFERRED COMPENSATION SPECIAL CATCH-UP (Vendor form required)

045	**Nationwide Deferred Comp. BT SPCL (before tax)** (min. $12.50, regular employees only) See **Note** below		048	**Nationwide Deferred Comp. AT SPCL (after tax) Roth** (min. $12.50, regular employees only) See **Note** below	
046	**Valic Deferred Comp. BT SPCL (before tax)** (min. $12.50, regular employees only) See **Note** below		049	**Valic Deferred Comp. AT SPCL (after tax) Roth** (min. $12.50, regular employees only) See **Note** below	
047	**Voya Deferred Comp. BT SPCL (before tax)** (min. $12.50, regular employees only) See **Note** below		050	**Voya Deferred Comp. AT SPCL (after tax) Roth** (min. $12.50, regular employees only) See **Note** below	

Such deductions as are made under this agreement are to be paid to:

_____

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.

Employee Signature _____ Witness Signature (by Deferred Comp. Rep. for New Enrollment, see **Note** below) _____

Employee Name *(Printed or Typed)* _____ Witness Name *(Printed or Typed)* (by Deferred Comp. Rep. for New Enrollment, see **Note** below) _____

Note: For first time setup (new enrollment) of Deferred Comp. deductions (Nationwide, Valic, Voya), see https://benefitsathctx.com/financial/retirement/ for your applicable Deferred Comp. representative contact information.

[2]Employees who wish to have their entire final benefits payment deposited into their Deferred Compensation account must submit the following before the last day worked: Fill out this Form 777, *Payroll Deduction Agreement*, and, in the Biweekly Amount field, write "**Final Benefits**" and email the completed form to **CentralPayroll@aud.hctx.net**.