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**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:			DOB:	
CITY/STATE:		ZIP:	PHONE:	
PAYROLL ID (EIN):	PERSONAL EMAIL:			DATE:
DEPARTMENT: _____ RETIRED: _____ RESERVED: _____				
MARK ONE: <input type="checkbox"/> PEACE OFFICER <input type="checkbox"/> DETENTION OFFICER <input type="checkbox"/> COMMS OFFICER <input type="checkbox"/> CLERK				
<b>CHECK ALL THAT APPLY:</b>				
<input type="checkbox"/> <b>DUES \$35 A MONTH</b> <input type="checkbox"/> <b>\$17 A MONTH RESERVE</b> <input type="checkbox"/> <b>\$100 A YEAR RETIREE</b>				
<input type="checkbox"/> <b>PAC FUND</b> – I AUTHORIZE HCDO POLITICAL ACTION COMMITTEE TO DEDUCT FROM MY PAYCHECK: \$ _____				
<input type="checkbox"/> <b>ASSIST THE DEPUTIES FUND</b> – I AUTHORIZE HCDO ADF TO DEDUCT FROM MY PAYCHECK: \$ _____				
<input type="checkbox"/> <b>CONCERNS OF POLICE SURVIVORS</b> – I AUTHORIZE A DONATION TO C.O.P.S. TO BE DEDUCTED FROM MY PAYCHECK: \$ _____				

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 \_\_\_\_\_

## 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					
DEDUCTION CODE	DESCRIPTION	BIWEEKLY AMOUNT	DEDUCTION CODE	DESCRIPTION	BIWEEKLY AMOUNT
003	Union 1550 Dues		015	Concerns of Police Survivors, Inc. local chapter (COPS) (min. \$2.50)	
004	Afro-American Sheriff's Deputy League		016	Harris County Sheriff's Office Benevolence Association (min. \$2.50)	
005	Cleat		018	United Way of Greater Houston (min. \$2.50)	
006	Harris County Deputies' Organization		019	Community Health Charities Texas (min. \$2.50)	
007	Coalition of Police & Sheriffs, Inc.		020	Harris County Official Court Reporters Association (min. \$12.50)	
008	Texas Municipal Police Association		059	Houston Food Bank (min. \$2.50)	
009	Mexican American Sheriff Organization		060	The 100 Club (min. \$2.50)	
010			062	Precinct2gether - Crisis Fund	
013	Non-owned Auto Liability		063	Precinct2gether - General Fund	
014	Harris County Federal Credit Union (HCFCU use only)				
DEFERRED COMPENSATION					
022	Nationwide Deferred Comp. BT (before tax) (min. \$12.50, regular employees only) See <b>Note</b> below		025	Nationwide Deferred Comp. AT (after tax) Roth (min. \$12.50, regular employees only) See <b>Note</b> below	
023	Valic Deferred Comp. BT (before tax) (min. \$12.50, regular employees only) See <b>Note</b> below		026	Valic Deferred Comp. AT (after tax) Roth (min. \$12.50, regular employees only) See <b>Note</b> below	
024	Voya Deferred Comp. BT (before tax) (min. \$12.50, regular employees only) See <b>Note</b> below		027	Voya Deferred Comp. AT (after tax) Roth (min. \$12.50, regular employees only) See <b>Note</b> below	
DEFERRED COMPENSATION SPECIAL CATCH-UP (Vendor form required)					
045	Nationwide Deferred Comp. BT SPCL (before tax) (min. \$12.50, regular employees only) See <b>Note</b> below		048	Nationwide Deferred Comp. AT SPCL (after tax) Roth (min. \$12.50, regular employees only) See <b>Note</b> below	
046	Valic Deferred Comp. BT SPCL (before tax) (min. \$12.50, regular employees only) See <b>Note</b> below		049	Valic Deferred Comp. AT SPCL (after tax) Roth (min. \$12.50, regular employees only) See <b>Note</b> below	
047	Voya Deferred Comp. BT SPCL (before tax) (min. \$12.50, regular employees only) See <b>Note</b> below		050	Voya Deferred Comp. AT SPCL (after tax) Roth (min. \$12.50, regular employees only) See <b>Note</b> below	

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

Harris County Deputies' Organization

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.