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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				
CHECK ALL THAT APPLY:				
_____ DUES \$35 A MONTH \$17 A MONTH RESERVE \$100 A YEAR RETIREE				
_____ PAC FUND – I AUTHORIZE HCDO POLITICAL ACTION COMMITTEE TO DEDUCT FROM MY PAYCHECK: \$ _____				
_____ ASSIST THE DEPUTIES FUND – I AUTHORIZE HCDO ADF TO DEDUCT FROM MY PAYCHECK: \$ _____				
_____ CONCERNS OF POLICE SURVIVORS – 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		017	United Way of Baytown Area (min. \$2.50)	
006	Harris County Deputies' Organization		018	United Way of Greater Houston (min. \$2.50)	
007	Coalition of Police & Sheriffs, Inc.		019	Community Health Charities Texas (min. \$2.50)	
008	Texas Municipal Police Association		020	Harris County Official Court Reporters Association (min. \$12.50)	
009	Mexican American Sheriff Organization		059	Houston Food Bank (min. \$2.50)	
010			060	The 100 Club (min. \$2.50)	
011	Houston Federation of Teachers		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 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:

HCDO FOP 39

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.