



STATE POLICE

COMMAND OFFICERS ASSOCIATION

"Promoting The Law Enforcement Profession"

C.O.A. MEMBERSHIP TRANSACTION

Type of action (check the appropriate box)

- New member Retirement Resignation Lifetime
 Promotion from _____ to _____
 Name change/spelling correction
 Address change

Current Assignment:

- DOO Dist./Zone _____ Admin Forensic
 Director's Staff Riverboat DII
 ITC Retired Other _____

Member Name: _____, _____, _____
(Last) (First) (Middle Initial)

Address: _____, _____, _____, _____
(Street) (City) (State) (ZIP)

Phone number _____
(Work) (Home)

Personal e-mail address _____

Dues Payment Method: (payroll deduction is only method for active sworn officers)

- Mgt and above - \$5.00 per pay period
 Sergeants - \$1.00 per pay period
 Retired Lifetime membership - \$50.00 (payment by check)

Director Submitting Transaction: _____ Date: _____

Please complete and submit form along with [one signed payroll deduction card](#) to:

Jerry Culp
2851 Indian Meadows Lane
Edwardsville, IL 62025