Law Enforcement Association of Asian Pacifics

Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Home Address: _____
Street Address *Apartment/Unit #*

*PLEASE NOTIFY LEAAP OF ADDRESS CHANGE

_____
City *State* *ZIP Code*

Phone: _____
Home/Cell *Work*

Email: _____

Employment Information

Agency: _____
Name *Division/Section/Unit*

_____
City *State* *ZIP Code*

Rank/Title: _____ Serial: _____

Acknowledgement and Signature

I hereby apply for membership in the Law Enforcement Association of Asian Pacifics and agree to abide the bylaws of the Association. Please make a check for the annual membership due in the amount of $72.00, payable to *LEAAP*. If you are a City of Los Angeles Employee, please complete the payroll deduction card in lieu of a check.

Applicant Signature: _____ Date: _____

	☐ Sworn	4301		$3.00	7A
	☐ Civilian	4302			
Payroll ID #	Department Number		Member Name (Last, First, M.I.)	Bi-Weekly Deduction	Code

AUTHORIZATION FOR PAYROLL DEDUCTION
LAW ENFORCEMENT ASSOCIATION OF ASIAN PACIFICS

TO THE OFFICE OF THE CONTROLLER, CITY OF LOS ANGELES

I hereby authorize the deduction of the amount stated hereon from my salary, on a bi-weekly basis, to cover my membership dues/organization benefits, and direct that the same be forwarded to the Law Enforcement Association of Asian Pacifics.

If at any time the Law Enforcement Association of Asian Pacifics notifies you that there has been a duly authorized change in membership dues or amounts to be paid for the organization benefits, I hereby authorize a corresponding change in the amount of this deduction.

This authorization shall remain in full force and effect until canceled by me in writing.

_____ _____ _____
Signature of Employee Serial # Date