



## ACOA AUTHORIZATION FOR PAYROLL DEDUCTIONS

I freely choose to be a Member of the Alaska Correctional Officers Association which, entitles me to full membership rights, including, but not limited to, the right to hold office and vote in all ACOA elections and Contract ratifications, receive all pertinent ACOA Officer information, and participate in all ACOA recognition programs and events. I hereby authorize the State of Alaska (Employer) to deduct from my paycheck each pay period union dues as established by the Alaska Correctional Officers Association/ State of Alaska Collective Bargaining Agreement (CBA) and Constitution/Bylaws. I also authorize the Employer to deduct hours from my personal leave account for the Association's Business Leave in compliance with the CBA.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security or State ID

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## ACOA POLITICAL ACTION COMMITTEE CONTRIBUTION

My authorization of a contribution to the ACOA Political Action Committee (PAC) is freely and voluntarily made with the understanding that the contributions shall be used for political purposes. I understand that my authorization of a deduction directed to ACOA's PAC may be changed or revoked by me at any time by giving written notice of that intent. I further understand that the PAC deduction shown below is a suggested monthly amount and that I may contribute more or less than that amount indicated by any lawful means other than this checkoff and that ACOA cannot act in a favorable or unfavorable manner toward me because of the amount of my contribution, or my failure to contribute.

(\$10 Suggested) \$ \_\_\_\_\_ X \_\_\_\_\_  
Amount Signature Date



# ALASKA CORRECTIONAL OFFICERS ASSOCIATION

## MEMBERSHIP REGISTRATION FORM

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

Position: \_\_\_\_\_

Facility/Shift: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

*(For ACOA emails ONLY – Will Not Be Shared)*

\_\_\_\_\_

\_\_\_\_\_

DATE

SIGNATURE

Please return to the ALASKA CORRECTIONAL OFFICERS ASSOCIATION at

**Email**  
office@acoa.us

**Mail**  
203 E. 5<sup>th</sup> Avenue  
Anchorage, AK 99501

**Fax**  
(907) 646-2286

*\*\*Please update this information with ACOA when there us a change.*