

COLORADO STATE PARKS EMPLOYEE PROTECTIVE ASSOCIATION

MEMBERSHIP APPLICATION



NAME Last		First	Middle
DATE OF BIRTH:		SSN:	
ADDRESS Street	City	State	ZIP
E-MAIL ADDRESS:		DATE OF EMPLOYMENT:	
PHONE NUMBER:		POSITION TITLE:	
<input type="checkbox"/> NEW MEMBER		<input type="checkbox"/> RETURNING MEMBER	PRIOR MEMBERSHIP DATES:

AUTHORIZATION

I hereby authorized the State Controller through the Division of Parks and Outdoor Recreation to deduct a total of

SELECT the option below that applies to you for your deduction:

- Commissioned Officer Members: \$41 per month for dues (\$40 to legal coverage, \$1 to the National Resource Professionals Assistance Fund)
- Non-Commissioned Members: \$31 per month for dues (\$30 for legal coverage, \$1 to the National Resource Professionals Assistance Fund)

from my salary and pay the same to the Colorado State Parks Employee Protective Association (CSPEPA). I understand that this application must be presented to the CSPEPA Board of Directors for approval.

I hereby state there are no lawsuits or obligations pending against me at this time that could or may involve the CSPEPA. I understand that legal defense benefits are possible only for instances governed by the bylaws, policies and procedures of the Association, and effective only after the date of acceptance of my membership by Board vote. New, non-certified employees will not be eligible for that part of the legal defense plan pertaining to personnel actions/items until such times as the employee is certified by the state personnel system. Certified employees will not be eligible for that part of the legal defense plan pertaining to personnel actions/items until such time as they have been an association member in good standing for six months.

I hereby understand any member in good standing, having all dues and assessments paid up to date at time of application, who has reach retirement age, either by age, or years of service, or who may have a service incurred disability requiring retirement, and who applies for and is granted retirement from active service with the Colorado Division of Parks and Outdoor Recreation, shall have earned, and be entitled to a benefit not to exceed five hundred dollars (\$500) from the funds of the CSPEPA. The retirement benefit shall be based on and prorated to said member on the basis of fifty dollars (\$50) per consecutive year of membership, starting from and including the year they were accepted as a member in the CSPEPA or its predecessor organization PAW (Parks and Wildlife Employees Association).

Signature	Date:
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SUBMIT ALL FORMS TO CURRENT CSPEPA BOARD SECRETARY

BOARD USE ONLY BELOW THIS LINE

Date application "Approved" by Board:	Date of Separation:
Date retirement benefit "Approved" by Board:	

ADDITIONAL DIRECT DEPOSIT DEDUCTION



Organization ID Effective Date

Employee SSN Employee Name

ADDITIONAL DIRECT DEPOSIT DATA

Desc Code DESCRIPTION CODE C=Checking S=Savings U=Credit Union

Transit Number Account Number

Acct Type ACCOUNT TYPE C=Checking S=Savings

Amount or Percent Y if Percent

**COLORADO STATE PARKS EMPLOYEES
PROTECTIVE ASSOCIATION**
13787 SOUTH HWY 85
LITTLETON, CO 80125

1502

23-7/1020 6091
1006902991

Date _____ \$ _____ Dollars

VOID



Wells Fargo Bank, N.A.
Colorado
wellsfargo.com

FOR _____

⑈0000001502⑈ ⑆102000076⑆ 1006902991⑈

I HEREBY **AUTHORIZE** MY EMPLOYER TO INITIATE CREDIT ENTRIES AND TO INITIATE, IF NECESSARY, DEBIT ENTRIES AND ADJUSTMENTS FOR ANY CREDIT ENTRIES IN ERROR TO MY (OUR) CHECKING AND/OR SAVINGS ACCOUNT INDICATED ABOVE AND THE DEPOSITORIES NAMED ABOVE, EACH HEREINAFTER CALLED DEPOSITORY, TO CREDIT AND/OR DEBIT THE SAME TO SUCH ACCOUNTS.

DATE: _____ SIGNED: _____

I HEREBY **CANCEL** THE AUTHORITY PREVIOUSLY GIVEN TO MY EMPLOYER BY THIS WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD THE EMPLOYER AND THE DEPOSITORY A REASONABLE OPPORTUNITY TO ACT ON IT.

DATE: _____ SIGNED: _____

FOR OFFICE USE ONLY

GTN Elmt Desc Code Financial Institution ID Account Number

Amount or Percent Y if Percent Start Date

WHITE - AGENCY COPY

YELLOW - EMPLOYEE COPY