

Check one box only	New Member	Change of Address	Retiree
<b>LATIN AMERICAN LAW ENFORCEMENT ASSOCIATION</b>			
714 West Olympic Blvd. Suite 450, Los Angeles, CA. 90015 Phone: (213) 254-5391 email: admin@laley.org			
Please Print			
LAST NAME	FIRST	MIDDLE	DATE OF BIRTH
HOME PHONE	BUS. PHONE	PERSONAL EMAIL ADDRESS	
NEW RESIDENCE	ADDRESS	CITY	STATE      ZIP CODE
DIVISION	ADDRESS	CITY	STATE      ZIP CODE
RANK OFFICER	SERIAL NO.	CIVILIAN SERIAL NO.	Employee No.
<i>I hereby apply for membership in the Latin American Law Enforcement Association and subscribe to its purpose. I agree to abide by the Constitution and by-Laws of the Association and to promote the objectives of the Association.</i>			
Signature of Applicant			

		<b>4301</b>	<b>\$2.50</b>
<b>EMPLOYEE NO.</b>	<b>EMPLOYEE NAME</b>	<b>DEPT. NO</b>	<b>BI-WEEKLY DEDUCTION</b>
AUTHORIZATION FOR PAYROLL DEDUCTION FOR THE LATIN AMERICAN LAW ENFORCEMENT ASSOCIATION - LALEY			
TO:      CONTROLLER, CITY OF LOS ANGELES			
<p>I hereby authorize the deduction for dues to the Latin American Law Enforcement Association (LALEY) in the amount indicated per pay period. The amount deducted will be applied by such association to the payment of my annual dues. If at any time the amount of said dues should be changed by lawful association action, I hereby authorize the deduction from my salary pension and the payment to LALEY such sum as may be established as annual dues by such association action.</p> <p>This authorization shall be in effect until cancelled in writing by LALEY or me.</p> <p>FEDERAL LAW P.L. 93-579 Section 7 re: Federal Privacy Act and Use of Social Security Numbers. This law requires you to be informed when asked for your Social Security Number, that it must be provided for use in employment, personnel and payroll processes. Authority for requiring this information is based upon provisions of the City's payroll and personnel candidate processing system operational prior to January 1, 1975 and applicable Federal Law.</p>			
SIGNATURE OF EMPLOYEE			DATE
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