



N.J. State PBA Local No. 165
Middlesex County Sheriff's Officers

P.O. Box 967
New Brunswick, NJ 08903

MEMBERSHIP APPLICATION

Name: _____	Date of Birth: _____
Address: _____	Social Security #: _____
Phone: _____	D/L #: _____

AUTHORIZATIONS

Recommended by: _____

Recording Secretary: _____

President: _____

Approval Date: _____

Prior PBA Member in good Standings: YES NO

PAYROLL DEDUCTION AUTHORIZATION

*The undersigned employee authorizes the County of Middlesex to take a bi-weekly deduction from my salary in the amount of **\$20.00** or for such appointment as may be authorized by amendment to the dues schedule of the organization or dues payable to the treasurer of the employee organization designated below. I understand that this authorization shall remain in effect unless cancelled by me in writing to the employee organization as that such cancellation shall become effective on the first pay day following January 1st or July 1st.*

Name including chapter and or local and mailing address as it appears on the division of budget and accounting approval list:

Middlesex County Sheriff's Officers Local # 165
P.O. Box 967
New Brunswick, NJ 08903

FOR USE OF PAYROLL CLERK ONLY

For payroll clerk only code: _____ Bi-Weekly Amount: \$ _____

Employee Signature: _____

Financial Secretary: _____

Payroll Clerk: _____

Date: _____

FOR USE OF STATE DELEGATE



- Enrolled at State PBA
- Enrolled in State Legal Protection Plan

Date: _____

Date: _____