



Colorado Police Protective Association Update Form

Website: www.cppa.net Email: cppa@cppa.net Toll Free: 1-800-320-2772 Fax: 719-884-1257
4575 Hilton Parkway Suite 102, Colorado Springs, CO 80907

Name _____
Billing Address _____ City _____
State _____ Zip _____ Home Ph# _____
Cell Ph# _____ Email Personal _____
Agency _____
Work Ph# _____ Email Work _____
Beneficiary Name _____
Beneficiary Relationship _____ Beneficiary Ph# _____

<u>Annual Membership Type</u>	<u>Plan 1 (Admin, Criminal, and Civil)</u>	<u>Plan 4 Reserve Only (Civil, Criminal, Ltd Admin)</u>
<input type="checkbox"/> \$60 Active/Associate	<input type="checkbox"/> \$51 Monthly	<input type="checkbox"/> \$8 Monthly
OR	<input type="checkbox"/> \$153 Quarter	<input type="checkbox"/> \$24 Quarter
<input type="checkbox"/> \$30 Retired	<u>Plan 2 (Criminal and Civil)</u>	<input type="checkbox"/> \$90.00 Annually
(You must be a member of the CPPA to take advantage of benefits)	<input type="checkbox"/> \$10.00 Monthly	<u>Source Book Circle One</u>
	<input type="checkbox"/> \$30.00 Quarterly	Book w/\$3 S/H
	<input type="checkbox"/> \$115 Annually	OR
		Free Pickup

Credit/Debit Card: Visa Master Card

Card# _____ EXP DATE ____/____ Security Code (last 3 digits on back) _____

ACH – Electronic Funds Transfer

I hereby authorize CPPA to charge/draft my checking account to cover LDF Plan Premiums, Annual Dues, and Source Book shipping costs (if selected) from the Financial Institution named below. _____ Initials **Voided Check**

Bank: _____ Account #: _____ Routing (ABA) #: _____

General CPPA Dues to be withdrawn every January from the account on file – you will receive notification of Dues Amount – \$60.00 Active/Associate or \$30 Retired _____ Initials

I have provided a copy of my Agency ID to the CPPA. _____ Initials *(a copy of your Agency ID is required to maintain your eligibility for “Active” membership in the CPPA)*

By signing below I grant my authorization for Credit Card or charge/draft to my checking account (ACH) for LDF Plan Premiums, Annual Dues, Source Book shipping costs and/or any changes made to my Legal Defense Plan per my signed application.

Your Signature: _____ Date: _____

Required

PRIVACY NOTICE

We take great care to properly handle information provided by you. This Notice describes how we handle personal information and our commitment to protecting your privacy. We follow strict security standards and procedures to help prevent unauthorized access to personal information. Only properly authorized employees may access information we collect from or about you. We apply standards for protecting personal information to all our customer interactions, including those conducted via the Internet.