

# PPA MEMBERSHIP CANCELLATION FORM

## ATTENTION:

Denver Police Protective Association

2105 Decatur St.

Denver, Colorado 80211

Fax: 303-477-3166

I, \_\_\_\_\_, hereby cancel my membership from the Denver Police Protective Association, effective as of \_\_\_\_/\_\_\_\_/20\_\_\_\_.

I understand that by canceling my membership in the Denver Police Protective Association, I relinquish all the rights and benefits the Association offers only to its members.

**\*I HEREBY DECLINE THE AUTHORIZATION FOR THE DENVER POLICE PROTECTIVE ASSOCIATION TO COLLECT ANY AND ALL FAIR SHARE FEE DEDUCTIONS FROM MY PAYCHECK.**

\_\_\_\_\_  
Signature & Badge Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Faxed