



NATIONAL BLACK STATE TROOPERS' COALITION, INC.

LOUIS BRYANT CHAPTER

P.O. BOX 46216

LITTLE ROCK, AR 72214

www.nbstc85.com



John Blackmon
President

Willie Robinson
Vice-President

ENROLLMENT FORM

NAME		SOCIAL SECURITY #	
HOME PHONE #		WORK PHONE #	
CITY	STATE	ZIP	
EMPLOYER		ADDRESS	
CITY	STATE	ZIP	

I hereby authorize my employer to deduct the sum of **\$10.00** per pay period for membership dues for the Central States Troopers Coalition - Louis Bryant Chapter.

I hereby authorize my employer to change my deduction to **\$00.00** per pay period effective the pay period of _____ .

I hereby authorize my employer to cancel my deduction into the Central States Troopers Coalition - Louis Bryant Chapter, effective pay period _____ .

This authorization shall commence on the next pay period, _____ and shall remain in effect until I enter into a new agreement. This enrollment supersedes all other agreements.

Signature

Date