**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.**

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Signature & Badge Number

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Date

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