

# MOCOA Membership Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home E-Mail: \_\_\_\_\_

Date Joined: \_\_\_\_\_

I authorize .50 of my monthly dues to go to a political action fund.

\_\_\_ Yes \_\_\_ No

## Member Profile:

Rank: \_\_\_ Institution: \_\_\_\_\_ Years of Service: \_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Please send me more information on the following benefits offered:

\_\_\_ Dental Insurance \_\_\_ Additional Accident & Dismemberment

\_\_\_ Legal Plans (Pre-Paid) \_\_\_ Accident, Cancer & Disability Insurance

-----

**To: State of Missouri, Department of Corrections  
Payroll Deduction of \$10 Monthly Dues**

\_\_\_\_\_

**Print Last Name**

\_\_\_\_\_

**First Name**

\_\_\_\_\_

**M.I.**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**Social Security Number**

I hereby authorize the Missouri Corrections Officers Association to deduct from my regular monthly earnings, the sum of \$10.00 per month, as dues for membership.

I may cancel at any time by written notice to the Missouri Corrections Officers Association.

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Facility**

**Give completed application to your institutional MOCOA Board Member or mail to:**

**MOCOA  
7141 Business 50 West  
Jefferson City, MO 65109  
1-866-346-6262**