



Delaware Association of Police
2201 Lancaster Ave.
Wilmington Delaware 19805

City of Wilmington Department of Personnel

Attn: Tracy Knotts

800 North French Street

Wilmington, Delaware 19801

Dear Ms. Knotts:

I am a sworn member of the Wilmington Department of Police and have been duly sworn into the Delaware Association of Police. I understand that my monthly dues payable to the DAP is \$2.00, to be deducted from the first paycheck issued each month. Please accept this form as my authorization for the City of Wilmington to deduct that amount from my regular pay commencing on the first pay period after receipt of this letter and continuing until such a time as I discontinue my service with the Wilmington Department of Police or opt-out of the Delaware Association of Police.

Officers Name:

Payroll Number:

Printed Name

Signature of Officer:

Date:
