



ASSOCIATION OF OREGON CORRECTIONS EMPLOYEES

*A.O.C.E.*

**PROFESSIONALISM \* PEOPLE \* PERSISTENCE \* PROTECTION**

P.O. Box 13357 Salem OR 97309 / Fax # (503) 370-9488 / Phone # (503) 370-9035

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# AOCE Activities Fund

Name: \_\_\_\_\_  
(Please Print)

Institution: \_\_\_\_\_

I hereby request and authorize a monthly deduction of \$5.00. The amount deducted will be remitted to the Association of Oregon Corrections Employees (AOCE) monthly for the purpose of the AOCE Activities Fund. This authorization will remain in effect during my employment by the entity to which it is directed, unless revoked by me in writing.

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

\_\_\_\_\_  
(Employee Signature)

Please fill out form above and fax to your institutional payroll.  
Then fax or mail this form to the AOCE headquarters.

AOCE Office  
C/O Secretary/Treasurer  
200 Hawthorne Ave. SE Suite D-430  
Salem OR 97301

Fax #: 503-370-9488

**Payroll use**

123000220 / 153602440593 / checking