



DEPUTY SHERIFFS' ASSOCIATION OF SAN DIEGO COUNTY

MEMBERSHIP APPLICATION

MEMBERSHIP TYPE: <input type="checkbox"/> CLASS 1 (ACTIVE SWORN) <input type="checkbox"/> (RESERVE) <input type="checkbox"/> (RETIRED)					
NAME:					
		<small>Last</small>	<small>First</small>	<small>Middle</small>	
HOME ADDRESS:					
		<small>Number and Street</small>	<small>City</small>	<small>State</small>	<small>ZIP</small>
HOME PH:			CELL:		
DATE OF BIRTH:			SSN:		
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
HOME E-MAIL:					
<p>AFFIRMATION FOR ALL MEMBERS: I hereby make application for membership in the Deputy Sheriffs' Association of San Diego County and agree to abide by the regulations as set forth in the Articles of Incorporation and By-Laws.</p> <p>ADDITIONAL AFFIRMATION FOR CLASS 1 (ACTIVE SWORN) MEMBERSHIP: As a Class 1 member, I hereby designate the Deputy Sheriffs' Association of San Diego County to represent me on wages, hours, working conditions, and all other matters concerning my employment and to collect dues and other sums I may authorize for Association programs beneficial to me by payroll deduction.</p>					
<small>Signature</small>			<small>Date</small>		
ADDITIONAL INFORMATION REQUIRED FOR CLASS 1 MEMBERSHIP					
DATE SWORN / GRADUATED ACADEMY:				ARJIS NO.:	
WORK LOCATION:					
If you are re-joining the association, what was your previous date of resignation?					
PLEASE CHECK CURRENT CLASSIFICATION:					
<input type="checkbox"/> Deputy Sheriff <input type="checkbox"/> Deputy Sheriff – Detentions/Courts <input type="checkbox"/> Sheriff's Sergeant <input type="checkbox"/> Sergeant – Detentions <input type="checkbox"/> Sheriff's Lieutenant <input type="checkbox"/> Lieutenant – Detentions <input type="checkbox"/> Sheriff's Captain					
I <input type="checkbox"/> Do <input type="checkbox"/> Do not want the monthly magazine of the association mailed to my home					
I <input type="checkbox"/> Do <input type="checkbox"/> Do not want to receive e-mail communications from the association					
Please write the name(s) of your association death benefit beneficiary below:					
NAME:				RELATIONSHIP:	
NAME:				RELATIONSHIP:	
I would like to receive more information on the following member benefits and opportunities:					
<input type="checkbox"/> Auto & Home Insurance <input type="checkbox"/> Dental Insurance <input type="checkbox"/> Vision Insurance <input type="checkbox"/> AFLAC Insurance					
FOR OFFICE USE ONLY					
MEMBERSHIP NUMBER:					