 Los Angeles Sheriff’s Athletic Association, Inc.

 MEMBER APPLICATION

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| LASD EMPLOYEES ONLY |
| LAST NAME | FIRST NAME  |  MI  | EMPLOYEE # | DOB (MM/DD/YYYY) | AGE | SEX |
| DEPARTMENT NAME:  | POSITION / RANK:  |
| EMAIL ADDRESS: | CELLPHONE NUMBER: |
| DEPARTMENTAL STATUS: SWORN CIVILIAN RESERVE RETIRED OTHER |
| I HEREBY AUTHORIZE THE SHERIFF’S RELIEF ASSOCIATION TO SUBMIT A PAYROLL DEDUCTION CARD ON THE SIGNEE’S BEHALF FOR A MONTHLY DEDUCTION OF $5.00 FOR MEMBERSHIP DUES FOR THE LOS ANGELES SHERIFF’S ATHLETIC ASSOCIATION INCORPORATED. SIGNED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_ |