 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\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |