



Los Angeles Sheriff's Athletic Association, Inc.

MEMBER APPLICATION

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 _____						