

Employee # _____

SS# _____

Effective Date of Membership _____

Drivers Lic.# _____

APPLICATION FOR MEMBERSHIP
SHERIFFS' RELIEF ASSOCIATION OF LOS ANGELES COUNTY, CALIFORNIA, INC.

PLEASE PRINT

I hereby make application for membership in the Sheriffs' Relief Association of Los Angeles County, California, Inc., and make the following true statement as basis thereof:

Name _____ Sex _____ DOB _____ Phone # _____
LAST FIRST MIDDLE

Res. Address _____ Apt. # _____ City _____ State _____ Zip _____

Primary Adult Beneficiary _____ Relationship _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Alternate Beneficiary _____ Relationship _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Hire Date _____ 20 _____ Were you previously employed by the Sheriff's Department? If Yes please fill out
Previous Hire Date: _____ Resignation Date: _____

Position _____ Where assigned _____

I understand and agree that the provisions of the Constitution and By-Laws of the Association, requisite to membership, as they now exist or may hereafter be modified, amended or enacted, shall be binding upon me. Further I grant explicit permission to the Sheriffs' Relief Association to have access to information from my Sheriff's Department personnel and payroll records. The information received will be held in strict confidence.

Dated _____

Signature of Applicant