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

Name _____
(*LAST)* *FIRST* *MIDDLE*

DOB _____ **Address**_____

Cell Phone #_____ **Email** _____

Hire date_____ **Job Title** _____

Employee # *(if known)* _____ **Last 4 SSN#**_____

Benefit Beneficiary _____**Relationship**_____
(Adult)

Beneficiary's Address_____

Beneficiary Cell Phone #_____ **Beneficiary Email** _____

Emergency Contact _____ **Relationship**_____

Contact's Cell #_____ **Contact's Email**_____

I direct the County Auditor to deduct SRA Dues of $15.00 for active members and $9.00 for retired members from payroll or retirement checks. A portion of each monthly members payment is allocated to the members Star News subscription.

Question? Please contact SRA at (562) 946-7081 at any time.

Signature of Applicant _____ **Date** _____