



# Los Angeles Sheriff's Athletic Association, Inc

## MEMBER APPLICATION

OFFICE USE ONLY

START	
ADDRESS	
CARD	
DELETE	

(PLEASE PRINT)

LAST NAME	FIRST NAME	MI	EMPLOYEE #	SEX	AGE	DATE OF BIRTH MO   DAY   YR		
DEPARTMENTAL STATUS: FULL TIME EMPLOYEE <input type="checkbox"/> RETIRED <input type="checkbox"/> RESERVE <input type="checkbox"/> OTHER <input type="checkbox"/>				IF FULL TIME SWORN <input type="checkbox"/> CIVILIAN <input type="checkbox"/>				
UNIT OF ASSIGNMENT	POSITION / RANK	EMPLOYMENT TELEPHONE ( )		DATE OF EMPLOYMENT MO   DAY   YR				
HOME ADDRESS: STREET		CITY	ZIP CODE	HOME TELEPHONE ( )				
<p>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.</p> <p>Signed _____ Date _____</p>								

## Los Angeles Sheriff's Athletic Association Sports Participation Card

Employee Name \_\_\_\_\_ Employee # \_\_\_\_\_

I have previously coached, participated, or have an interest in being involved in the following sports:

\_\_\_\_\_

\_\_\_\_\_

I am interested in participating or coaching in one or more of these sports again (circle one) Yes No

Contact phone # \_\_\_\_\_

Personal e-mail \_\_\_\_\_