



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 ()			
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 _____											

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 _____