

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 _____ DOB _____ Sex: _____ Phone # _____

LAST FIRST MIDDLE

Address _____ Apt# _____ City _____ State _____ Zip _____

Email _____

Adult Beneficiary _____ Relationship _____ % Phone # _____

Address _____ Apt# _____ City _____ State _____ Zip _____

Adult Beneficiary _____ Relationship _____ % Phone # _____

Address _____ Apt# _____ City _____ State _____ Zip _____

HIRE DATE _____

Were you previously employed by the Sheriff's Department? If Yes please fill out

Previous Hire Date: _____

Resignation Date: _____

Position _____

Where assigned _____

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. I hereby authorize and direct the County Auditor to deduct SRA Dues of \$16.00 for active members and for retired members from payroll or retirement checks. One dollar of each monthly members payment is allocated to the members Star News subscription and to the LASD Museum. Members who elect not to receive the Star News or to donate to the museum will have membership dues reduced.

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

Signature of Applicant _____

Date _____