

Dallas County Sheriff's Association



Membership Application

I authorize the Dallas County Auditor to deduct from my salary the dues amounts for the below checked affiliations and for amounts to be disbursed to the Dallas County Sheriff's Association (DCSA) at each pay period. I agree that cancellation of any checked affiliation must be in writing and that this dated agreement supercedes any previous agreement signed by me.

Indicate requested affiliation:

- Dallas County Sheriff's Association (check even if a current member)
- TMPA (Completed Texas Municipal Peace Officer application is required)
- AFLAC Supplemental Health Insurance

Please Print (last name, first name, middle name)

Name: _____ DOB: ____ / ____ / ____

Address: _____ SSN# _____

City/State/Zip: _____

Phone Number: _____

Beneficiary: _____ Relationship: _____

I am a (circle one only): Clerk Detention Officer Deputy Sheriff

Signature: _____ Date: _____

Return this sheet to a DCSA Board Member

Dallas County Sheriff's Association - Member Application Receipt

Received from _____

Check each box that applies (should match boxes above)

- Dallas County Sheriff's Association current dues are \$ _____ per month
- TMPA current dues are \$ _____ per month (include TMPA application)
- AFLAC Supplemental Health Insurance current dues are \$ _____ per month
this amount is current and includes all policies and changes

I agree that increases in dues for the organization that I joined will be paid unless a request is received in writing to the DCSA stating that "I wish to withdraw from the checked organizations."

Received by: _____ Date: _____

Board member or authorized person sign here