

Dallas County Sheriff's Association



TMPA Dues Increase Authorization

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 \$ _____ 7.00 _____ per month
- TMPA current dues are now \$ _____ 28.00 _____ per month

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