

Association for Los Angeles Deputy Sheriffs

Application for Membership

Deduction Code: EU109

County Employee No. _____

Name (Last, First, Middle) _____

Date of Birth _____ Male Female Marital Status M / S / W

Phone (Home) _____ (Work) _____ (Cell) _____

Department (Circle One) SH / DA Academy Class # _____ Present Rank _____

Place of Assignment _____

Personal E-Mail (non-LASD) _____

Department Hire Date _____

Home Address _____

City _____ Zip Code _____

Check Applicable Box

Full Service Voting Member \$ _____ Monthly deduction

Associate Membership \$ _____ Monthly deduction

Retired Membership \$ _____ Monthly deduction

Retire Date _____ SS# _____

I hereby authorize the auditor of the county of Los Angeles or his agents to deduct monthly from salary earned by me in any department or district of the County of Los Angeles, the amount shown hereon and to pay same to: Association for Los Angeles Deputy Sheriffs.

If all or any portion of this deduction authorization includes insurance premiums and/or employee organization dues, I also authorize the auditor to adjust from time to time the amount of this deduction as may be required to comply with adjustments in county subsidy amounts or in premiums under existing contracts with said insurance plans. Or to comply with dues schedules determined by said employee organizations' governing body in accordance with such organization's constitution, charter, bylaws, or other applicable legal requirements. This authorization cancels and replaces any previously signed by me with this deduction agency for this purpose and shall remain in effect until cancelled by me by written notice. I expressly understand and agree that the auditor, his agents, or the county acting under this authorization shall not be liable in any manner for failure or delay in making the deduction or payments here authorized.

Date

Applicant Signature