

# Dallas County Sheriff's Association

## Membership Application



\_\_\_\_\_  
County Employee Number

I hereby 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 to the Dallas County Sheriff's Association (DCSA) 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 ( A new application is required everytime changes are made to your AFLAC policy)
- CANCEL ALL DEDUCTIONS

**Member Information: Please Print** (last name, first name, middle name)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ Personal Email: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Location: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

I am a (circle one only): Clerical/Civilian      Detention Officer      Sworn/Deputy

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."

I agree that changes to my AFLAC account can only occur after the first enrollment year and only during a designated enrollment period set by the Board of Directors of the DCSA.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this sheet to a DCSA Board Member

### Dallas County Sheriff's Association - Membership Application Receipt

Board Member Signature Receiving: \_\_\_\_\_  
(Board member or authorized person sign here)

Check each box that applies (should match boxes above)

<input type="checkbox"/>	Dallas County Sheriff's Association current dues:	Monthly: <u>      \$7.00      </u>
<input type="checkbox"/>	TMPA current dues:	Monthly: <u>      \$28.00      </u>
<input type="checkbox"/>	AFLAC Supplemental Health Insurance current dues: (This amount is current and includes all policies and changes)	Monthly: _____

DCSA Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_

WWW.DCSA.INFO

**TOTAL BI-WEEKLY DEDUCTION:** \_\_\_\_\_