

# Dallas County Sheriff's Association Membership Application



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

NEW    
  RENEWAL    
  UPDATE    
  CHANGE OF ADDRESS/PHONE/BENEFICIARY

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: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (last name, first name, middle name)

Address: \_\_\_\_\_ Personal Email: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Section: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

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

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 or Delegate  
 Mail to: 1881 Sylvan Avenue, Suite 250 Dallas, Texas 75208  
 Interoffice to: Dallas County Sheriff's Association (DCSA)  
 Fax to: 214-760-1011 or Email to: DCSA@ATT.NET

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

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"/> CANCEL
<input type="checkbox"/> TMPA current dues:	Monthly: <u>      \$28.00      </u>	<input type="checkbox"/> CANCEL
<input type="checkbox"/> TMPA PAC: _____ TMPA CHARITIES: _____	Monthly: _____	<input type="checkbox"/> CANCEL
<input type="checkbox"/> AFLAC Supplemental Health Insurance current dues: (This amount is current and includes all policies and changes)	Monthly: _____	<input type="checkbox"/> CANCEL

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

For More Information: [WWW.DCSAWEB.ORG](http://WWW.DCSAWEB.ORG)

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