

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: _____ Cell Phone #: _____
 Home Phone #: _____ Work Phone #: _____
 Beneficiary: _____ Relationship: _____ Phone # _____
 Beneficiary: _____ Relationship: _____ 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

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: \$7.00 | <input type="checkbox"/> | CANCEL |
| <input type="checkbox"/> | TMPA current dues: | Monthly: \$28.00 | <input type="checkbox"/> | CANCEL |
| <input type="checkbox"/> | TMPA PAC: _____ TMPA CHARITIES: _____ | Monthly: _____ | <input type="checkbox"/> | CANCEL |
| <input type="checkbox"/> | Retiree/Associate member dues: \$50.00 TMPA Retiree: \$36.00 | Annual: _____ | <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: _____

WWW.DCSAWEBSITE.ORG

TOTAL BI-WEEKLY DEDUCTION: _____