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 SH Academy Class #_____

Personal E-Mail (non-LASD) _____

Department Hire Date _____

Home Address _____

City _____ Zip Code _____

Return to: tlopez@alads.org

Full-Service Voting Member $126.72 Monthly deduction

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 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 organization's 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