Association for Los Angeles Deputy Sheriffs

Application for Membership			Deduction Code: <u>EU109</u>
County Employee No.			
Name (Last, First, Middle)			
Date of Birth	Male \square	Female	Marital Status M/S/W
Phone (Home)	(Work)		(Cell)
Department SH Academy Class	s#		
Personal E-Mail (non-LASD)			
Department Hire Date			
Home Address			
City		Zip Code	
Return to: tlopez@alads.org Full-Service Voting Membe	er \$ <u>130.86</u> Mo	onthly dedu	ıction
hereby authorize the auditor of the country of the Country of the Country of the Country of the Angeles Deputy Sheriffs.			
f all or any portion of this deduction author adjust from time to time the amount of this amounts or in premiums under existing corpy said employee organization's governing other applicable legal requirements. This a deduction agency for this purpose and shaunderstand and agree that the auditor, his manner for failure or delay in making the d	deduction as may be ntracts with said insura body in accordance w uthorization cancels a Il remain in effect until agents, or the county	required to compance plans. Or to with such organizated and replaces any cancelled by me acting under this	oly with adjustments in county subsidy comply with dues schedules determine ation's constitution, charter, bylaws, or previously signed by me with this by written notice. I expressly authorization shall not be liable in any
 Date	Applicant Signature		