



**ASSOCIATION FOR LOS ANGELES DEPUTY SHERIFFS**  
**RESERVE DEPUTY MEMBER APPLICATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Employee Number \_\_\_\_\_ Personal E-mail Address: \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status:   M     S  

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**PLEASE COMPLETE THE AUTOMATIC CHECKING ACCOUNT WITHDRAWAL FORM BELOW  
 AND INCLUDE A VOIDED CHECK WITH YOUR APPLICATION**

NAME (Last, First):		BANK NAME:		
		BRANCH ADDRESS:		
BANK ABA NUMBER (nine digits): (bottom left-hand corner of check)		<input type="checkbox"/> CHECKING ACCOUNT		
ACCOUNT NUMBER (include ALL digits): (bottom right-hand corner of check)		<input type="checkbox"/> OTHER		
<input type="checkbox"/> NEW - \$25.00/mo.		<input type="checkbox"/> CHANGE	Old Amt. \$	New Amt. \$
<p>I hereby authorize the Association for Los Angeles Deputy Sheriffs (ALADS) to automatically deduct (ACH) from the account as described above, the amount shown hereon on a monthly basis. This authorization cancels and replaces any previously signed by me for this purpose and shall remain in effect until canceled by me, by written notice. However, if all or any portion of this deduction authorization includes insurance premiums, I hereby authorize ALADS to adjust from time-to-time the amount of this deduction as may be required to comply with adjustments in premiums under existing contracts with said insurance plans or to comply with changes in dues schedules determined by said organization's constitution, charter by-laws, or other applicable legal requirements.</p> <p>It is expressly understood and agreed that ALADS, under this authorization, shall not be liable in any manner for failure or delay on his part in making the deductions or payments here authorized and I agree to hold ALADS harmless from any loss sustained by me for his failure or delay in making any such deductions or payments.</p>				
Signature			Date	