



MEMBERSHIP APPLICATION

Merced County Sheriff Corrections Association

PO Box 1244 Atwater, CA 95301 mcsca.board@gmail.com

Date: _____

Name: _____ DOB: _____

Address: _____

Email: _____ Phone: _____

Department: **Merced County Sheriff's Office** Bureau: **Corrections** Unit: _____

Job Title: _____ Date of Hire: _____

I, _____ hereby acknowledge receipt of the requested fees from the Merced County Sheriff Corrections Association and respectfully request to withhold the following deductions from my County of Merced payroll to

1. Permit a one time initiation fee of (\$147.00) to the Merced County Sheriff Corrections Association.
2. A bi-weekly membership fee of (\$37.00) to be paid directly to the Merced County Sheriff Corrections Association.

Merced County and its officers are not responsible for any payments other than to the Merced County Sheriff Corrections Association.

Sincerely,
