

Dallas County Sheriff's Association
Membership Application



Kronos 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: (last name, first name, middle name) DOB: / /
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)

Dallas County Sheriff's Association current dues: Monthly: \$11.00 CANCEL
TMPA current dues: Monthly: \$32.00 CANCEL
TMPA PAC: TMPA CHARITIES: Monthly: CANCEL
Retiree/Associate member dues: \$50.00 TMPA Retiree: \$36.00 Annual: CANCEL
AFLAC Supplemental Health Insurance current dues: Monthly: CANCEL
(This amount is current and includes all policies and changes)

DCSA Treasurer: Date:

WWW.DALLASHERIFFASSOCIATION.ORG

TOTAL BI-WEEKLY DEDUCTION: