

## LOUDOUN COUNTY

## **DEPUTY SHERIFFS ASSOCIATION**

PO Box 529 \* Leesburg, Virginia 20178 \* 703-777-0407 www.lcdsa.org \* info@lcdsa.org

## MEMBERSHIP APPLICATION

Name:				
Mailing Address:				
Telephone Number:	( ) -	Personal E	mail:	
Please note	your email will be used	to send most communications	on upcoming meeting	s and events.
Date of Birth:	1 1	Employee ID Numbe	r:	
Date of Hire:	1 1	Badge Number:		
Check One: ☐ Sw	orn Employee	□ Non-Sworn Employee	☐ Auxiliary☐ Othe	ər:
Check One: ☐ Full-Time ☐ Part-Time/Auxiliary				
Division / Assignme	nt:			
Spouse's Name:				
I do hereby wish to become a member in good standing with the Loudoun County Deputy Sheriffs Association, in accordance with the Association Constitution and Bylaws.				
				1 1
	Signature	)		Date
Annual Dues: \$120.0	)0			
I authorize my dues to be deducted from my Loudoun County paycheck bi-weekly (\$5.00)				
Initials				
* Return completed application to any LCDSA Board Member *				
INTERNAL USE ONLY				
Received by:			Date Received:	
Date Application	was Approved:	Da	te Sent to Payroll:	
				Rev. August 19, 2024