

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: () - Email: Please note your email will be used to send most communications on upcoming meetings and events. Date of Birth: / / Employee ID Number: Date of Hire: / / Badge Number: ☐ Sworn Employee Check One: □ Non-Sworn Employee □ Auxiliary □ Other: _____ Check One: ☐ Full-Time ☐ Part-Time/Auxiliary Division / Assignment: Spouse's Name: Children's Name(s): 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. Signature **Annual Dues: \$120.00** I authorize my dues to be deducted from my Loudoun County paycheck bi-weekly (\$5.00) **★** Return completed application to any LCDSA Board Member ★ **INTERNAL USE ONLY** Date Received: Received by: Date Application was Approved: _____ Date Sent to Payroll: