



Loudoun County Deputy Sheriff's Association



P.O. Box 529
Leesburg, VA 20178
703-777-0407
www.lcdsa.net

Membership Application

Name: _____

Address: _____

Date of Birth: ____/____/____ Social Security #: _____

Spouse's Name: _____

Child's Name(s): _____

Check One: Sworn Employee: _____ Non-Sworn Employee: _____ Other: _____

Date of Hire: ____/____/____ Badge #: _____ Division/Assignment: _____

I do hereby wish to become a member in good standing with the Loudoun County Deputy Sheriff's Association.

Signature

____/____/____
Date

Annual Dues: \$72.00

_____ I authorize my dues to be deducted from my paycheck bi-weekly (\$3.00).
Initials

_____ I am enclosing my total annual dues with my application. (\$72.00)
Initials

****Return completed application and dues information to:**
Sue Depoy, LCDSA Secretary – Special Operations**

<u>Internal Use Only</u>	
Received by: _____	Date: ____/____/____
Date Application was approved for Membership: ____/____/____	
Date sent to Payroll Deduction: ____/____/____	