



# Loudoun County Deputy Sheriff's Association



P.O. Box 529  
Leesburg, VA 20178  
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[info@lcdsa.net](mailto:info@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 a LCDSA Representative\*\***

### Internal Use Only

Received by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Application was approved for Membership: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date sent to Payroll Deduction: \_\_\_\_/\_\_\_\_/\_\_\_\_