

Deputies Law Enforcement Association

Committed to Representing the Professional Deputy Sheriff

www.azdlea.com



Membership Application

Date: _____

Name: _____ Serial #: _____

Street Address: _____ Rank: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

D.O.B. _____ (mm/dd/yyyy) Home E-mail: _____

Marital Status _____ Work Location/Division _____

Any Pending Discipline/Investigations: N / Y (if yes describe) _____

Active Member (Deputy).....\$ 36.00 per month

DLEA PAC Fund ()\$5 ()\$10 ()\$15 ()\$20 ()\$25 ()Other...\$ _____

Bank Information: Account # _____ Routing # _____

Mail this application to:

*Deputies Law Enforcement Association
1102 W. Adams
Phoenix, AZ 85007*

We welcome you as a member of the D.L.E.A. Check our website for more information and updates at www.azdlea.com. For questions contact your D.L.E.A. representative or Board Member.

Signature _____ Date _____

DLEA PAC: Effective with my regular monthly dues following the signing of this form, and continuing until I withdraw this authorization, I will contribute the amount indicated to the DLEA PAC. This sum is a voluntary contribution. This contribution is to fund candidates for political office or political issues as determined by DLEA PAC in accordance with their policies. I understand I have the right to refuse this contribution.