

Iowa State Sheriffs' and Deputies' Association

2024 Application

Please renewal your membership at www.issda.org. Can't sign in. Email us at email@issda.org. We encourage this, so you will be updated in our system and receive the benefits from the website.

Your \$25.00 must be paid and received by January 1st, 2024, or you're not entitled to any of the benefits, until they are paid.

___ Check if new application

___ Check if any new information
(Please circle---Name, address, beneficiary)

FULL NAME _____

BIRTHDATE: (MO/DY/YR) ___/___/___ SEX (M/F) _____

STREET _____

CITY _____ ZIP _____

COUNTY EMPLOYED BY _____

RANK / TITLE: _____

EMAIL ADDRESS _____@_____

CHECK ONE: SHERIFF _____ DEPUTY _____ JAILER _____ DISPATCHER _____

SUPPORT STAFF _____ RESERVE DEPUTY _____ RETIRED MEMBER _____

NAME OF BENEFICIARY _____

I WISH TO RECEIVE THE *GOLD STAR MAGAZINE* (CHECK ONE) YES _____ NO _____

(FOR ASSOCIATION USE ONLY) ___ PUT IN COMPUTER ___ MAILED CARD

Jared Schneider
ISSDA Financial Administrator
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