

**Iowa State Sheriffs' and Deputies' Association
Application
2019**

**You can renewal your membership and pay on-line at
www.issda.org**

**Your \$25.00 must be paid and received by January
1st, 2019, or you're not entitled to any of the
benefits, until they are paid**

2019

___ 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 _____

EMAIL ADDRESS _____@_____

CHECK ONE: SHERIFF _____ FULL -TIME DEPUTY _____ FULL-TIME JAILER _____

FULL-TIME SHERIFF'S EMPLOYEE _____ RETIRED MEMBER _____

(PART TIME EMPLOYEES ARE NOT ELIGIBLE)

NAME OF BENEFICIARY _____

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

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

**Bill Sage
ISSDA Financial Administrator
P.O. Box 526
Atlantic, IA 50022-0526**