

**Iowa State Sheriffs' and Deputies' Association
Application
2018**

Please return this form with payment.

**Your \$25.00 must be paid and received by January
1st, 2018, or you're not entitled to any of the
benefits, until they are paid**

2018

___ Check if new application (never been a member)

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

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 FOR MEMBERSHIP)

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**