

**Iowa State Sheriffs' and Deputies' Association 2021
Application. Please renewal your membership at
www.issda.org. We encourage this, so you will be updated
into our system and receive the benefits from the web site**

**Your \$25.00 must be paid and received by January
1st, 2021, or you're not entitled to any of the
benefits, until they are paid
2021**

___ 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**