Iowa State Sheriffs' and Deputies' Association 2027 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, 2027, 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 _____

CURRENT JOB POSITION: _____ (SHERIFF, DEPUTY, JAILER, DISPATCHER, ETC.)

EMAIL ADDRESS _____@_____

CHECK ONE: **SHERIFF** _____ **DEPUTY** _____ **RESERVE DEPUTY**_____

RETIRED MEMBER _____ **OTHER SHERIFF'S EMPLOYEE** _____

ASSOCIATE MEMBER _____

NAME OF BENEFICIARY _____

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

(FOR ASSOCIATION USE ONLY) __ PUT IN COMPUTER __MAILED CARD

Jared Schneider, ISSDA Financial Administrator
PO Box 528, Wellman, IA 52356-0528