

# SAN LUIS OBISPO DEPUTY SHERIFFS' ASSOCIATION

P.O. Box 3458 San Luis Obispo, CA 93403-3458

## New Members Dues Authorization Form

Name \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Personnel Number \_\_\_\_\_

DOB \_\_\_\_\_ S.S. last four #s \_\_\_\_\_ Job Title \_\_\_\_\_

I hereby authorize the San Luis Obispo County Deputy Sheriffs' Association (hereinafter "DSA") to represent me on all employee relation matters within the scope of representation, including terms and conditions of employment pursuant to the California Government Code and the San Luis Obispo County Employee Relations Policy. I hereby authorize the San Luis Obispo County Auditor-Controller to withhold from my wages, effective immediately, the bi-weekly dues for the DSA. This authorization shall remain in effect until revoked in whole or in part by me, in writing, to the Auditor-Controller and the business office of the DSA.

I understand that my DSA membership shall become effective upon the actual date of my first DSA dues payroll deduction. I understand that DSA representation is not available for matters originating prior to the effective date of coverage, unless otherwise required by law. I further understand that long-term disability coverage will not become effective until the 1<sup>st</sup> day of the month following the month during which initial DSA dues deductions are taken.

Signature \_\_\_\_\_

Date \_\_\_\_\_

PROUDLY SERVING THE COMMUNITY

Please forward the original copy of this form to the DSA President.

D.S.A. Board of Directors Approval

Signature \_\_\_\_\_

Date \_\_\_\_\_

