

# Deputies Law Enforcement Association

Committed to Representing the Professional Deputy Sheriff

www.azdlea.com



## Membership Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Serial #: \_\_\_\_\_

Street Address: \_\_\_\_\_ Rank: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

D.O.B. \_\_\_\_\_ (mm/dd/yyyy) Home E-mail: \_\_\_\_\_

Marital Status \_\_\_\_\_ Work Location/Division \_\_\_\_\_

Any Pending Discipline/Investigations: N / Y (if yes describe) \_\_\_\_\_

Active Member (Deputy).....\$ \$36.00/month

DLEA PAC Fund ( )\$5 ( )\$10 ( )\$15 ( )\$20 ( )\$25 ( )Other...\$ \_\_\_\_\_

Bank Information: Account # \_\_\_\_\_ Routing # \_\_\_\_\_

Mail this application to:

I will save this PDF and email this form to:  
**DLEAinformation@gmail.com**

I will print and mail this form to:  
**Deputies Law Enforcement Association  
1102 W. Adams - Phoenix, AZ 85007**

We welcome you as a member of the D.L.E.A. Check our website for more information and updates at [www.azdlea.com](http://www.azdlea.com). For questions contact your D.L.E.A. representative or Board Member.

Signature \_\_\_\_\_ Date \_\_\_\_\_

DLEA PAC: Effective with my regular monthly dues following the signing of this form, and continuing until I withdraw this authorization, I will contribute the amount indicated to the DLEA PAC. This sum is a voluntary contribution. This contribution is to fund candidates for political office or political issues as determined by DLEA PAC in accordance with their policies. I understand I have the right to refuse this contribution.