

California State Sheriffs' Association Foundation

Supporting Law Enforcement Since 1894



Membership Application

INDIVIDUAL MEMBERSHIP LEVELS

INDIVIDUAL MEMBERSHIP \$35 – includes one year membership to CSSAF, membership card, two bumper stickers/window decals, and a one-year subscription to our quarterly publication *California Sheriff*.

JOINT MEMBERSHIP \$55 – includes one year membership to CSSAF for two individuals, two membership cards, two bumper stickers/window decals, and a one-year subscription to our quarterly publication *California Sheriff*.

GOLD MEMBERSHIP \$100 – includes one year membership to CSSAF, two membership cards, two bumper stickers/window decals, and a one-year subscription to our quarterly publication *California Sheriff*, and a Family Pack First Aid Kit.

PLATINUM MEMBERSHIP \$200 – includes one year membership to CSSAF, two membership cards, two bumper stickers/window decals, and a one-year subscription to our quarterly publication *California Sheriff*, a Family Pack First Aid Kit and a Solar & Dynamo AM/FM Radio with Flashlight.

LIFETIME MEMBERSHIP \$325 – includes lifetime membership to CSSAF, life member metal license plate holder, membership card, two bumper stickers/window decals, name recognition in *California Sheriff* as a life member, and a lifetime subscription to our quarterly publication *California Sheriff*.

LIFETIME JOINT MEMBERSHIP \$345 – includes lifetime membership to CSSAF for two individuals, life member metal license plate holder, two membership cards, two bumper stickers/window decals, name recognition in *California Sheriff* as a life member, and a lifetime subscription to our quarterly publication *California Sheriff*.

PO Box 958 ★ Sacramento, California 95812

Telephone 800-761-2772 ★ Fax 916-375-8017 ★ Website calsheriffs.org ★ e-mail members@calsheriffs.org

Please return this portion with your dues. Your membership dues are tax deductible.

Name: _____

Joint Member Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Method of Payment:

- Check: Payable to California State Sheriffs' Association Foundation
 Credit Card MC/VISA/AMEX/DISC

Card Number: _____ Exp. Date: _____

Security Code: _____ Signature: _____

Please check the membership level you wish to join:

INDIVIDUAL MEMBERSHIP LEVELS

- \$35 Associate \$55 Joint \$100 Gold
 \$200 Platinum \$325 Lifetime

BUSINESS MEMBERSHIP LEVELS

(Renewal rate is \$50 for all levels)

- \$50 Bronze \$125 Silver
 \$250 Gold \$500 Platinum

Additional Donation _____

TOTAL AMOUNT ENCLOSED _____