

Shelby County Deputy Sheriffs' Association of Tennessee, Inc.

5120 Stage Road



Memphis, TN 38134

Phone: 901-373-7997 Fax: 901-373-7999

WEBSITE: www.shelbycountydasa.org

APPLICATION/PAYROLL DEDUCTION AUTHORIZATION FORM

LAST NAME: _____ FIRST NAME: _____ MI: _____

SEX/RACE: _____ DOB: _____ SSN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE #: _____ MOBILE #: _____

DATE OF EMPLOYMENT AS A FULL TIME COMMISSIONED DEPUTY SHERIFF: _____

S#: _____ EMP#: _____ DIVISION: _____ RANK: _____

I, the undersigned, authorize my employer (the **Shelby County Sheriff's Office/Shelby County Government**) to deduct from monthly wages my membership dues amount set by and in accordance with the Deputy Sheriffs' Association Constitution to be paid to the **Shelby County Deputy Sheriffs' Association**.

It is my desire to designate the **Shelby County Deputy Sheriffs' Association**, as my duly chosen and authorized representative on matters relating to my employment with the **Shelby County Sheriff's Office**.

I understand that my membership may be terminated only by giving me the **Shelby County Deputy Sheriffs' Association a thirty (30) day written advance notice of termination**. This written notice is to be in accordance with the current agreement between the **Shelby County Sheriff's Office** and the **Shelby County Deputy Sheriffs' Association**.

NOTICE OF MEMBERSHIP TERMINATION MUST BE CERTIFIED MAIL, RETURN RECEIPT REQUESTED.

DATE: _____

SIGNATURE: _____

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NOTICE OF CHECKOFF AUTHORIZATION

It is my desire to designate the Shelby County Deputy Sheriffs' Association of Tennessee, Inc., as my duly chosen and authorized bargaining representative on matters relating to my wages, benefits, and conditions of employment with the Shelby County Sheriff's Office. I make this election voluntarily and subject to my membership within the bargaining unit as defined in the existing Memorandum of Understanding (MOU).

I do hereby authorize my employer (the Shelby County Sheriff's Office/Shelby County Government) to deduct from monthly wages my membership dues amount set by and in accordance with the rules and bylaws of the Shelby County Deputy Sheriffs' Association. This authorization shall remain in effect unless revoked in writing by me at least thirty (30) days prior to the effect of such revocation.

NAME: _____ S#: _____ EMP#: _____

SIGNATURE: _____ DATE: _____