Florida Sheriffs Association Law Enforcement Membership Application



PLEASE CHECK HERE: ☐ Mrs. ☐ Ms. ☐ Mr. ☐ Miss	
Rank, if applicable	
Name (please print)	Phone Number
Residential Mailing Address	
CitySta	ateZip Code
E-mail	
Law Enforcement Agency	
PLEASE CHECK HERE:	
☐ I am enclosing \$25 for my annual dues* which includes a second All Points Bulletin, The Sheriff's Star and The Rancher * \$2.50 of your dues goes towards the cost of THE SHER \$1.45 of your dues goes towards the cost of the ALL POIN	\$ 25.00 RIFF'S STAR.
☐ In addition to my dues, I am enclosing a donation to the FI Scholarship Fund (college scholarships for children of	
As a new member, I wish to purchaseLaw Enforcer at \$10.00 each. (Only members are eligible to purchas Please add 6% Florida Sales Tax for each tag. Add .5%, County Surtax, if applicable. Please allow 4 to 6 weeks for	se tags.) \$.75%, 1% or 1.5%
Please make check paya FLORIDA SHERIFFS AS P.O. BOX 12519 TALLAHASSEE, FL 3231	SSOCIATION
For credit card use	
□ VISA. □ MC. Card number	
Name on card (please print)	Expiration date
Contact phone number	Total amount