



Travis County Sheriff's Officers Association  
408 W. 14th St. Austin, TX 78701  
512 289-5916

For best results read before filling out the Application.

#### Option 1

1. Print out the application (keep your original)
2. Complete and email to [jointcsoa@tcsoa.org](mailto:jointcsoa@tcsoa.org) and to yourself.
  - a. Once Completed scan application to yourself as well as [jointcsoa@tcsoa.org](mailto:jointcsoa@tcsoa.org)
  - b. Scan with the following naming convention in the subject line last namefirst name badge#
    - i. SmithJohn1234

**\*\*\*You can also hand this completed application to a Board member or Place holder. Please refer to [TCSOA.org](http://TCSOA.org) home page to find a member.**

#### Option 2

1. Download the application to your desktop and open the file in Adobe Acrobat Reader or equivalent program and proceed to complete the Application.
2. Press Save and Print (this will save your app on your device then it will attempt to print it out for (the print option can be canceled if you dont have access to a printer.
  - a. Save file with the following naming convention last name, first name badge#.
    - i. SmithJohn1234
3. Open your preferred mail program
4. Create a new email
5. Enter your last name, first name badge# in subject line
6. Attach your application
7. Send to [jointcsoa@tcsoa.org](mailto:jointcsoa@tcsoa.org)

**For security reasons please save your application because the original will reset.**

# Travis County Sheriff's Officers Association

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512 289-5916



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

NAME: \_\_\_\_\_ SSN: xxx-xx-\_\_\_\_\_  
Last Name First Name DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Ext: \_\_\_\_\_ Personal Email Address: \_\_\_\_\_

License Held: \_\_\_\_\_ Date of Hire: \_\_\_\_\_ Current Bldg: \_\_\_\_\_ Team: \_\_\_\_\_

Type of Membership: Regular Associate (check one – below select the desired deductions Ofc. \$7.50 or Civilian \$5.00)

Referred by: \_\_\_\_\_

Dues to be Deducted: \$7.50 ASSOCIATION \$18.00 CLEAT \_\_\_\_\_ PAC (Optional)  
\_\_\_\_\_ AFLAC \_\_\_\_\_ OTHER

## Membership Application for CLEAT

New: \_\_\_\_\_ Rejoin: \_\_\_\_\_ Update: \_\_\_\_\_ Method of Payment: **County Deduct**

\_\_\_\_\_ **TCSO**  
Last Name First Name Middle Agency

\_\_\_\_\_ Mailing Address City State Zip

\_\_\_\_\_ Y or N  
SSN DOB Home Phone Work Phone Contact?

**CLEAT provides a killed in the line of duty death benefit. The benefit will be paid: first to spouse; second to children; third to parents; fourth to brothers and sisters; fifth to estate. If you desire a specific beneficiary please specify:**

\_\_\_\_\_ Name and Address of Beneficiary

\_\_\_\_\_ Applicant's Signature Date Referred By

**CLEAT Membership begins when the CLEAT office receives both your application and first month's dues.**

Rec'd: \_\_\_\_\_ Computer: \_\_\_\_\_ Pkt: \_\_\_\_\_





**Travis County Authorization To Deduct Organizational Dues**

Travis County Auditor

Employee Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Total Dues Amt. Per Pay Period \$: \_\_\_\_\_

I hereby authorize the Travis County Auditor to deduct Organization Dues from my paycheck beginning \_\_\_\_\_ (mm/yr) for membership in the organization indicated.

TCSOA
CLEAT
PAC
OTHER

I understand that my contribution to the TCSOA PAC is voluntary and I understand that it is not a condition of membership in the TCSOA and that I may revoke this authorization at any time by giving written notice.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Submitting this card will supersede any previous organization dues deduction cards.***