

Instructions-Print out the application by clicking the print icon>manually fill out both pages>return the completed application (app) to a board member. You also have the option to download or save (depending on your web browser) the app to your desktop>click the download or save icon>fill out app digitally>print out>then return completed app to a board member. Lastly you can fill out app on our website>click submit>print out>hand to completed app to a board member. You can also email the app to [admin@tcsOA.org](mailto:admin@tcsOA.org) for faster results



**Travis County Sheriff's Officer's Association**

400 W. 14<sup>th</sup> St. Ste 220, Austin, TX 78701 512.289.5916

[www.tcsOA.org](http://www.tcsOA.org)

### TCSOA Application

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

NAME: \_\_\_\_\_

SSN: xxx-xx- \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Mobile Phone: \_\_\_\_\_

Work: \_\_\_\_\_ Ext: \_\_\_\_\_

Personal Email: \_\_\_\_\_

I would like to join the TCSOA members only Facebook page.

License Held: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Current Bldg: \_\_\_\_\_ Team: \_\_\_\_\_

Type of Membership:

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

Dues to be Deducted: \_\_\_\_\_ ASSOCIATION \_\_\_\_\_ **CLEAT**

Optional Services and Benefits: \_\_\_\_\_ PAC \_\_\_\_\_ AFLAC \_\_\_\_\_ OTHER

Total Membership Dues to be collected: \_\_\_\_\_

I hereby requested to join the Travis County Officers Association.

Signature



## Travis County Sheriff's Officers Association

400 W. 14<sup>th</sup> St. Ste 220, Austin, TX 78701

512 289-5916 [www.TCSOA.org](http://www.TCSOA.org)

Travis County Authorization to Deduct Organizational Dues form

### Travis County Auditor

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

SSN: xxx-xx-\_\_\_\_\_

Dues to be Deducted:                    ASSOCIATION                    CLEAT

Optional Services and Benefits: \_\_\_\_\_ PAC    \_\_\_\_\_ AFLAC    \_\_\_\_\_ OTHER

Total Dues Amt. Per Pay Period

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

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

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yyyy)

By filling out the Employee Signature and Date (above) you are Authorizing Travis County Auditor to deduct your TCSOA dues.

I understand that by submitting this card will supersede any previous organization dues deduction cards.

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