



Travis County Sheriff's Officer's Association

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@tcssoa.org and to yourself.
 - a. Once Completed scan application to yourself as well as jointcsoa@tcssoa.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 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@tcssoa.org

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



Travis County Sheriff's Officer's Association

400 W. 14th St. Ste 220, Austin, TX 78701 512.289.5916 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: _____ Shift/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.



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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.