

CSLEA MEMBERSHIP APPLICATION
 California Statewide Law Enforcement Association • 2600 River Plaza Dr. #250 •
 Sacramento, CA 95833

Name:	SS# (last 4 digits):	
DOB:	E-Mail H:	
Sex:	E-Mail W:	
Home Address:		
Work Address:		
Home Phone:	Work Phone:	
Classification:	Department:	
Affiliate:		
<p>I elect to become a member of CSLEA and the affiliate organization for my classification and department. Unit 7 supervisors and managers are also eligible for membership. I hereby authorize deduction from my salary of CSLEA/Affiliate dues. I understand that this membership will become effective immediately upon verification of eligibility. Per the Unit 7 contract and State law, there are limitations on the time period in which an employee can withdraw as a member. I authorize CSLEA to send important information to the e-mail address listed above.</p>		
Signature:	Date:	Sponsor:

BENEFICIARY INFORMATION - GROUP TERM LIFE INSURANCE

Note: CSLEA member benefits include a paid life insurance policy. The following information is required for enrollment in CSLEA's life insurance program and will be used for that purpose only.

Beneficiary Information

Beneficiary Name:	DOB:
Address:	
Phone:	Relationship:

Member Information

Member Name:	Sex:
SS# (last 4 digits):	DOB:
Signature: «Initials»	Date: