

**AN
INVITATION
TO
ASSOCIATE
MEMBERSHIP**



**Deputy Sheriffs'
Association
Of Pennsylvania**

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**“PROFESSIONALISM THROUGH TRAINING
WITH HONOR, INTEGRITY AND CONVICTION”**

**APPLICATION FOR
ASSOCIATE MEMBERSHIP
ANNUAL DUES \$10.00**

MAIL TO:

DEPUTY SHERIFFS' ASSOCIATION OF PA
PO Box 147
WARMINSTER, PA 18974
Tel:(215)672-8188 Fax (215)672 -7755* TOLL FREE 1-888-260-0960

PLEASE PRINT

DATE: _____

NAME: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

COUNTY: _____

HOME PHONE: _____

ENCLOSED IS \$ _____ **DUES FOR MEMBERSHIP** _____ **YEAR** _____

SIGNATURE: _____

SPONSOR: _____