



**SAN LUIS OBISPO COUNTY
SHERIFF'S ADVISORY FOUNDATION**

MEMBERSHIP APPLICATION

GOAL: TO PROMOTE LAW ENFORCEMENT EXCELLENCE AND PUBLIC SAFETY

Please return completed form to:
Renee Samaniego Osborne, Secretary
 P. O. Box 3752
 San Luis Obispo, CA 93403

Sponsor: _____

PERSONAL	DESCRIPTORS
Legal Name: _____ AKA: (maiden) (1) _____ (2) _____ (3) _____ Home Address _____ _____ Mailing Address: _____ _____ Business Address: _____ _____ Telephone (Home): _____ Telephone (Cell): _____ Telephone (Business): _____	Date of Birth: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____ Driver's License#: _____ Driver's License State: _____ E-Mail: _____ <p align="center">(Please print clearly)</p> Approved by Council: _____

Current occupation or title: _____

Please write a brief statement of why you wish to be a member of the Sheriff's Advisory Foundation:

What are your particular skills or interests that you believe would benefit the goal of this organization?

Please consider me for membership in the Foundation; however, I am currently unable to offer any volunteer time.

SIGNATURE: _____

DATE: _____

*Please include your membership check for \$125.00 with this application
 Thank you*