



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

**MEMBERSHIP APPLICATION**

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**GOAL: TO PROMOTE LAW ENFORCEMENT EXCELLENCE AND PUBLIC SAFETY**

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

Sponsor: \_\_\_\_\_

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

Current occupation or title: \_\_\_\_\_

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

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

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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*