



SAN LUIS OBISPO COUNTY SHERIFF'S ADVISORY FOUNDATION



MEMBERSHIP APPLICATION

GOAL: TO PROMOTE LAW ENFORCEMENT EXCELLENCE AND PUBLIC SAFETY

Please return completed form to:
Victoria Houck, Secretary
P. O. Box 3752
San Luis Obispo, CA 93403

Do you know a current member? _____

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

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 San Luis Obispo County Sheriff's Advisory Foundation.

SIGNATURE: _____

DATE: _____

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

Thank you