



SAN LUIS OBISPO COUNTY
SHERIFF'S ADVISORY FOUNDATION

MEMBERSHIP APPLICATION

GOAL: TO PROMOTE LAW ENFORCEMENT EXCELLENCE AND PUBLIC SAFETY

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

Sponsor: _____

PERSONAL	DESCRIPTORS
<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>(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 Foundation; however, I am currently unable to offer any volunteer time.

SIGNATURE: _____

DATE: _____

Please include your membership check with this application

Thank you