



SAN LUIS OBISPO COUNTY
SHERIFF'S ADVISORY
FOUNDATION

MEMBERSHIP APPLICATION
WITH CORPORATE SPONSORSHIP

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

Corporate 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 style="text-align: center;">(Please print clearly)</p> Approved by Board : _____

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 Sponsorship check with this application

Thank you