



SCALE

SACRAMENTO COUNTY ALLIANCE OF LAW ENFORCEMENT

2366 Gold Meadow Way • Gold River, CA 95670

(916) 858-2689 • info@scale.org • www.scale.org

MEMBERSHIP APPLICATION FORM

Name: (as it appears on your W2) _____
(Last) (First) (MI)

Address: _____

City: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Home E-mail: (optional) _____ Cellular Phone: () _____

Social Security Number: _____ Date of Birth: _____

Rank/Classification: _____ Date of Hire: _____

Agency: _____ Unit: _____

Email: _____

FOR OFFICE USE ONLY

DUES	_____
LDF	\$5.00 _____ 2 years only
_____	_____
_____	_____
_____	_____
_____	_____
	Total

I hereby authorize SCALE to deduct each payday the sum indicated as the existing due's deduction established in the current Bylaws.

Signature of Applicant

Date of Application