

# Buckeye State Sheriffs' Association

## Associate Membership Application

I hereby apply for Associate Membership in the Buckeye State Sheriffs' Association.



### PLEASE CHECK BELOW:

- I am enclosing my annual membership dues of \$25 — Associate Membership
- In addition to my dues, I am enclosing \$\_\_\_\_\_ to assist the Buckeye State Sheriffs' Association
- I am not interested in becoming a member of the Buckeye State Sheriffs' Association, but I am enclosing \$\_\_\_\_\_ to provide better law enforcement in Ohio

\$\_\_\_\_\_ Total Amount Enclosed

### YOUR CONTACT INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

County: \_\_\_\_\_

New Member

*Please make checks payable to the Buckeye State Sheriffs' Association. (Please allow 6-8 weeks for credentials.)*

**NOTE: The membership year is January 1st - December 31st and is not pro-rated. Memberships expire on January 1st regardless of when a new membership is processed.**

**Applications and checks should be mailed to:**

BUCKEYE STATE SHERIFFS' ASSOCIATION  
1103 SCHROCK ROAD SUITE 401  
COLUMBUS, OH 43229-9936