

Iowa State Sheriffs' and Deputies' Association 2025 Application. Please renewal your membership at www.issda.org. Can't sign in. Email us at email@issda.org. We encourage this, so you will be updated in our system and receive the benefits from the website

Your \$25.00 must be paid and received by January 1st, 2024, or you're not entitled to any of the benefits, until they are paid

Check if new application

Check if any new information
(Please circle---Name, address, beneficiary)

FULL NAME _____

BIRTHDATE: (MO/DY/YR) ____/____/____ SEX (M/F) _____

STREET _____

CITY _____ ZIP _____

COUNTY EMPLOYED BY _____

CURRENT JOB POSITION: _____ (SHERIFF, DEPUTY, JAILER, DISPATCHER, ETC.)

EMAIL ADDRESS _____ @ _____

CHECK ONE: SHERIFF _____ DEPUTY _____ RESERVE DEPUTY _____

RETIRED MEMBER _____ OTHER SHERIFF'S EMPLOYEE _____

ASSOCIATE MEMBER _____

NAME OF BENEFICIARY _____

I WISH TO RECEIVE THE *GOLD STAR* (CHECK ONE) YES _____ NO _____

(FOR ASSOCIATION USE ONLY) PUT IN COMPUTER MAILED CARD

**Jared Schneider, ISSDA Financial Administrator
PO Box 528, Wellman, IA 52356-0528**