

## ASSOCIATION OF SACRAMENTO COUNTY SHERIFF'S DEPARTMENT VETERANS AND EMPLOYEES



## KNOWN AS "711 CLUB"

# Application

Last Name*	First*	Middle*	Middle*	
Address*	City*	State* 2	Zip*	
() Home Phone*	()Cell Phone			
E-Mail Address				
Date of Birth	Date of Hire	Date of Retireme	Date of Retirement	
Name of Beneficiary (if applicable)*		Relation to Member		
Signature*		Date		
(* Required information)				

Membership is open to all sworn and non-sworn personnel of the SSD. Any retired, active, former employee or reserve officer of the SSD is eligible.

#### Associate Membership: Associate Member

Any person who has been closely associated with the SSD and has expressed the desire to belong to the 711 Club is eligible for membership Associate membership includes Federal and State Peace Officers, Peace Officer from outside jurisdictions as well as non-sworn personnel.

Membership dues are \$24.00 a year. They are due January 1st of each calendar year.

Mail Application and check to

711 Club 640 Bercut Drive Sacramento, CA 95811

## 711 Club Optional

/ital Statistics Name:				
Date of Birth:	Date of Birth:		_Place of Birth:	
Name of Spouse:				
Number of Children & Nam	nes:			
ducation				
High School:	High School:		College:	
Degrees:				
lilitary Information Branch of Service:		Year	to	
Decorations:				
w Enforcement Agency:	Hire Date:	Retireme	nt Date:	
Date of Promotion:	_ Rank:	Date:	Rank:	
Assignments:				
Decorations:				
e <b>rsonal</b> Request for SSD Honor G	uard: Yes / No			
Request Chaplaincy: Yes	/ No			
Religious Preference:				
Requested Eulogist:				
*Place additional information on	back of form			