



Tarrant County Law Enforcement Association
2501 Parkview Drive, Suite 305 | Ft. Worth, TX 76102



Date: _____
Name: _____ Dept: _____ DOB: _____
Home Address: _____ City: _____ Zip: _____
Best Phone: _____ Work Ext: _____ Personal Email Address: _____

Personnel # _____ PID # _____

Dues to be Deducted: \$5.00 ASSOCIATION \$ _____ Optional \$18.00 CLEAT

Membership Application for CLEAT

New: _____ Rejoin: _____ Update: _____ Method of Payment: **County Deduct**

Last Name			First Name		Middle	TCLEA Agency
Mailing Address			City		State	Zip
SSN	DOB	Home Phone	Work Phone	Y or N Contact?		

CLEAT provides a killed in the line of duty death benefit. The benefit will be paid: first to spouse; second to children; third to parents; fourth to brothers and sisters; fifth to estate. *If you desire a specific beneficiary, please specify:*

Name and Address of Beneficiary

Applicant's Signature	Date	Referred By
Rec'd: _____	Computer: _____	Pkt: _____

Tarrant County Authorization To Deduct Organizational Dues

Tarrant County Auditor

Employee Name: _____

Total Dues Amt. Twice Monthly TO TCLEA: \$ _____

Total Dues Amt. Twice Monthly TO CLEAT: **\$ 18.00**

Optional Amount – Contribution in excess of employee association regular dues: If I include a monetary amount in excess of the dues for membership of the employee association listed, I hereby voluntarily consent to the dispersal of that excess by the employee association to any other fund I have so designated by my voluntary directions filed with the employee association.

I, _____, (employee) release the County, from any and all liability, claims, demands, or causes, which may arise by reason of the deductions withheld by the County pursuant to this Agreement: such release will apply whether the claims, suits, losses, damages, causes of action or liability, arise in whole or in part from the negligence of the above designated Association or any of its officers, officials, agents, or employees, whether said negligence is contractual comparative negligence.

Employee Signature: _____ **Date:** _____
By typing my name in the signature box and submitting it

I agree to the above terms and conditions.