

Oscar Joel Bryant Foundation Membership Application

Please Print

New Member Change of Address or Update Information

LA City Employee Retired Outside Agency: _____

Name: First Middle Last

Home Address City State Zip

Employer Address City State Zip

Division Rank Serial # Employee #

Home Phone Mobile Phone Business Phone

Personal Email Address

Pay Roll Deduction \$20 a month
(\$10 a pay day)

Membership Dues Yearly \$240
(Retired and Outside Agency)

Signature of Applicant Date