SUPPORTING HEROES
POLICE FIRE EMS

ANCHORAGE MIDDLETOWN FIRE & EMS (KY)
BI-WEEKLY PAYROLL DEDUCTION AUTHORIZATION

I, _____, hereby authorize Anchorage Middletown Fire &
(Print name legibly)

EMS to deduct $_____ from my bi-weekly paycheck until

further notice. I further authorize Anchorage Middletown Fire & EMS to forward

said funds to:

SUPPORTING HEROES, INC -- P. O. Box 991547 -- Louisville, KY 40269-1547.

EMPLOYEE SIGNATURE_____ EMPLOYEE or PAYROLL ID_____

SUPPORTING HEROES
POLICE FIRE EMS

MEMBERSHIP INFORMATION
(Anchorage Middletown Fire & EMS Employee)

NAME_____

RANK_____

MEMBERSHIP TYPE: INDIVIDUAL_____ FAMILY_____ (see back)

MAILING ADDRESS_____

CITY/STATE/ZIP_____

EMAIL_____
(NOTE: Keeping our members informed via email helps us to keep our operating expenses to a minimum.)

PHONE _____

AMOUNT AUTHORIZED PER BI-WEEKLY PAY PERIOD: $_____ DATE:_____

NOTE: Individual membership is $120 annually ($5.00 per pay period) and family membership (two adults) is $200 annually ($8.35 per pay period).

FOR OFFICE USE	MMBR#	MEMB	ZIP+4	CARD	EMAIL	GROUPS	WEBSITE	PACKET	AGENCY