Cł	neck here if this modifies a previous authorization
<b>SUPPORTING HEROES</b>	FERN CREEK FIRE DEPARTMENT
POLICE <b>FIRE EMS</b>	PAYROLL DEDUCTION AUTHORIZATION
I,(Print name legibly)	_, hereby authorize Fern Creek Fire Department
to deduct \$ from the from	om my bi-weekly or quarterly paycheck until (PLEASE CIRCLE ONE)
further notice. I further authorize	e Fern Creek Fire 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 <b>FIRE EMS</b>	(Fern Creek Fire Department Employee)
NAME	
RANK	
MEMBERSHIP TYPE: INDIVI MAILING ADDRESS	DUAL FAMILY (see back)
CITY/STATE/ZIP	
EMAIL(NOTE: Keeping our members informed	via email helps us to keep our operating expenses to a minimum.)
PHONE (Optional)	
AMOUNT AUTHORIZED PER BI-WEEKLY PAY PERIOD:	\$ DATE:
& family membership (2 adults)	is \$120 annually (\$5.00 bi-weekly/\$30 quarterly) is \$200 annually (\$8.35 bi-weekly/\$50 quarterly). re only deducted 24 times per year**

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

## TO BE COMPLETED FOR FAMILY MEMBERSHIP ONLY

Family membership includes all members of a household -- including a spouse/significant other and dependent children. SUPPORTING HEROES uses the same definition of 'dependent child' as the federal government for PSOB purposes: 18 or younger; 19-22 and a full-time student; or any age if incapable of self-support due to physical or mental disability.

	<b>NAME</b> as it should appear on membership card	<b>BIRTHDATE</b> optional for spouse / required for children	GENDER	FULL- TIME STUDENT if age 19 to 22	EMAIL
SPOUSE			M / F		Requested (but optional)
	If spouse is in Public Safety, rank/title and agency:				
DEPENDENT CHILD			M / F	Y / N	
DEPENDENT CHILD			M / F	Y / N	
DEPENDENT CHILD			M / F	Y / N	
DEPENDENT CHILD			M / F	Y / N	
DEPENDENT CHILD			M / F	Y / N	
DEPENDENT CHILD			M / F	Y / N	