

FAIRDALE FIRE PROTECTION DISTRICT PAYROLL DEDUCTION AUTHORIZATION

I,	int name leg	jibly)		_, hereb	y author	ize Faird	ale Fire I	Protectio	n District		
to deduct \$ from my bi-weekly/quarterly paycheck until further notice.											
I furth	er autho	rize Fairo	dale Fire	Protection	on Dist. to	o forward	l said fur	nds to:			
SUP	PORTIN	NG HER	OES, IN	C P. C). Box 99	91547	Louisvill	e, KY 4	0269-154		
	OYEE ATURE ₋					IPLOYE YROLL	_				
					EMBE		IP INF		IATIO		
POLI	CE F	IRE	EMS	*							
NAME	<u> </u>										
RANK					_						
MAILI	NG		: INDI					·	see back)		
CITY/	STATE/	ZIP									
EMAI		Keeping our	members inf	formed via e	email helps u	s to keep ou	r operating e	xpenses to a	a minimum.)		
PHON	NE (Opti	onal)									
		THORIZ IONTH I	ED PAY PER	RIOD: \$)	D	ATE:				
									uarterly) a quarterly).		
FOR OFFICE USE	MMBR#	MEMB	ZIP+4	CARD	EMAIL	GROUPS	WEBSITE	PACKET	AGENCY		

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.

	NAME as it should appear on membership card	BIRTHDATE 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	