

OSAGE BEACH FIRE PROTECTION DISTRICT BI-WEEKLY PAYROLL DEDUCTION AUTHORIZATION

(Print name legibly)	, hereby authorize Osage Beach Fire Protection (Print name legibly)									
District to deduct \$	istrict to deduct \$ from my bi-weekly paycheck until further notice									
I further authorize Osage Bo	each Fire Protection	District to	forward	d said fu	ınds to:					
SUPPORTING HEROES,	INC P.O. Box 991	547 Lou	ıisville,	KY 402	269-1547.					
EMPLOYEE SIGNATURE		EMPLOYEEPAYROLL ID								
SUPPORTING HERO	OES I	ИЕМВІ	ERS	HIP						
POLICE FIRE EMS	S (Os	NFORI sage Beach Fire	:							
NAME										
RANK/ TITLE DIVISION: PO		_FIRE	_EMS_	ОТН	ER					
MEMBERSHIP TYPE: IND MAILING ADDRESS										
CITY/STATE/ZIP										
EMAIL_ (NOTE: Keeping our members	s informed via email helps us to	keep our opera	iting exper	nses to a mi	nimum.)					
PHONE				· · · · · · · · · · · · · · · · · · ·						
AMOUNT AUTHORIZED PER BI-WEEKLY PAY PER	RIOD: \$	DATE	•							
NOTE: Individual mem family membership (to **Dues a	•	nually (\$8	.35 per	• •	,					
FOR MMBR# MEMB ZIP+4	-	-	/EBSITE	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	