

_____ Check here if this modifies a previous authorization



**OSAGE BEACH FIRE
PROTECTION DISTRICT
BI-WEEKLY PAYROLL DEDUCTION
AUTHORIZATION**

I, _____, hereby authorize Osage Beach Fire Protection
(Print name legibly)

District to deduct \$_____ from my bi-weekly paycheck until further notice.

I further authorize Osage Beach Fire Protection District to forward said funds to:

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

EMPLOYEE SIGNATURE _____ EMPLOYEE PAYROLL ID _____



**MEMBERSHIP
INFORMATION**
(Osage Beach Fire Protection District)

NAME _____

RANK/
TITLE _____ DIVISION: POLICE__ CORR__ FIRE__ EMS__ OTHER _____

MEMBERSHIP TYPE: INDIVIDUAL _____ FAMILY _____ (see reverse side)

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).
Dues are only deducted 24 times per year*

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

