

## HIGHVIEW FIRE PROTECTION DISTRICT PAYROLL DEDUCTION AUTHORIZATION

ι,	(Print nam	e legibly)		, nerec	by author	ize nigriv	new Prot	ection F	ire	
Protec	tion Dist	i. to dedu	ıct \$	kly/monthly)	_ from m	y weekly.	/monthly	payched	ck until	
furthe	notice.	I further	authorize	e Highvie	ew Fire P	rotection	Dist. to 1	forward s	said funds	s to:
SUP	PORTIN	IG HER	OES, IN	C P. C	). Box 99	)1547	Louisvill	e, KY 4	0269-154	<b>1</b> 7
	OYEE ATURE_				EN PA	IPLOYEI YROLL				_
					EMBE		P INF		IATIO	N
POLI	CE F	IRE	EMS					,		
NAME										_
RANK	<u> </u>				_					
MAILI	NG							·	see back	)
										_
EMAII	(NOTE:	Keeping our	members in	formed via e	email helps u	s to keep our	operating e	xpenses to a	a minimum.)	_
PHON	IE (Opti	onal)								-
		THORIZ 10NTH F		RIOD: \$	<u> </u>	D/	ATE:			_
					annually annually	•	•		nthly) and ly).	1
FOR	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.

	<b>NAME</b> 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	