

## **KENTUCKY STATE POLICE AUTHORIZATION**

,(Print name legibly)	_, hereby authorize KENTUCKY STATE POLICE
to deduct \$ fr	om my semi-monthly pay until further notice. I
further authorize KENTUCKY ST	ΓΑΤΕ POLICE to forward said funds to:
SUPPORTING HEROES, INC -	- P.O. Box 991547 Louisville, KY 40269-1547.
EMPLOYEE SIGNATURE	EMPLOYEE or PAYROLL ID
SUPPORTING HEROES	MEMBERSHIP
POLICE FIRE EMS	INFORMATION (KENTUCKY STATE POLICE Employee)
NAME	
RANK	
MEMBERSHIP TYPE: INDIVI	DUAL FAMILY (see back)
MAILING ADDRESS	
EMAIL(NOTE: Keeping our members inform	ed via email helps us to keep our operating expenses to a minimum.)
PHONE (Optional)	
AMOUNT AUTHORIZED PER SEMI-MONTHLY PAY PEF	RIOD: \$ DATE:
	is \$120 annually (\$5.00 per pay period) and family s) is \$200 annually (\$8.35 per pay period).

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	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	