

USE

SOUTH OLDHAM FIRE DEPARTMENT BI-WEEKLY/SEMI-ANNUAL PAYROLL DEDUCTION AUTHORIZATION

l,	I,, hereby authorize the South Oldham Fire Departmen													
to ded	o deduct \$ from my bi-weekly/semi-annual paycheck until further													
		er author												
SU	PPORT	ING HEF	ROES, II	NC P. (O. Box 9	91547	Louisvil	lle, KY 4	10269-1	547				
EMPLOYEE SIGNATURE						EMPLOYEE or PAYROLL ID								
SUF		ING H					IBER:							
POLI	CE	TRE 🎉	EMS	*	(Sc	INFORMATION (South Oldham Fire Department Employee)								
NAMI	<u> </u>													
RAN	<													
MAIL	ING	P TYPE:						·		•				
CITY	STATE/	ZIP												
EMAI		Keeping our n	nembers info	ormed via em	nail helps us	to keep our o	operating exp	penses to a i	minimum.)					
PHO	NE (Opti	onal)												
BI-WI	EEKLY/S	THORIZ SEMI-AN One	NUAL P		IOD: \$_		D <i>i</i>	ATE:						
		dual mem ship (two												
FOR OFFICE	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	