

SHEPHERDSVILLE FIRE DEPT VOLUNTEER PAYROLL DEDUCTION AUTHORIZATION

l,				, here	by autho	rize She	pherdsv	ille Fire			
(Please	print name	legibly)			•						
Department to deduct \$					_ from my quarterly paycheck until						
further notice. I further authorize Shepherdsville Fire Department to forward said (Please print name legibly)											
funds to:			P. O. E	IG HERO Box 9915 KY 4026	47						
EMPLOYEE SIGNATURE					EMPLOYEE or PAYROLL ID						
Support				_		BERS					
POLICE	IRE	EMS	*		_	RMAT erdsville, KY	_				
NAME											
RANK		OT	HER								
MEMBERSHI MAILING ADDRESS							(see back)			
CITY/STATE/	ZIP										
EMAIL(NOTE:	Keeping our	members in	formed via e	email helps u	s to keep ou	r operating e	xpenses to a	a minimum.)			
PHONE (Option	onal)										
AMOUNT AU PER BI-WEEI			D: \$		DA	.TE:					
NOTE: Individuality Individuality Member 1980					• •		• • •				
FOR MMBR# OFFICE USE	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	