

_____ Check here if this modifies a previous authorization



**McMAHAN FIRE PROTECTION DISTRICT
PAYROLL DEDUCTION
AUTHORIZATION**

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

District to deduct \$_____ from my _____ paycheck until further
(Weekly/Bi-Weekly)

notice. I further authorize McMahan Fire Protection Dist to forward said funds to:

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

EMPLOYEE SIGNATURE _____ EMPLOYEE or PAYROLL ID _____



**MEMBERSHIP
INFORMATION**
(McMahan Fire Protection District)

NAME _____

RANK _____

MEMBERSHIP TYPE: INDIVIDUAL _____ FAMILY _____ (see back)

MAILING ADDRESS _____

CITY/STATE/ZIP _____

EMAIL _____
(NOTE: Keeping our members informed via email helps us to keep our operating expenses to a minimum.)

PHONE (Optional) _____

AMOUNT AUTHORIZED PER PAY PERIOD: \$ _____ DATE _____

NOTE: Individual membership is \$120 annually (\$5.00 per bi-weekly pay period) and family membership (two adults) is \$200 annually (\$8.35 per bi-weekly pay period).

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