

_____ Check here if this modifies a previous authorization



**KENTUCKY DIVISION OF FORESTRY
SEMI-MONTHLY PAYROLL
DEDUCTION AUTHORIZATION**

I, _____, hereby authorize COMMONWEALTH OF KY
(Print name legibly)

to deduct \$_____ from my semi-monthly pay until further notice. I

further authorize COMMONWEALTH OF KY to forward said funds to:

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

EMPLOYEE _____ SSN or
SIGNATURE _____ PAYROLL ID _____



**MEMBERSHIP
INFORMATION**

(KENTUCKY DIVISION OF FORESTRY Employee)

NAME _____

RANK/TITLE _____

SPOUSE (NEEDED FOR
FAMILY MEMBERSHIP ONLY) _____

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 SEMI-MONTHLY PAY PERIOD: \$_____ DATE: _____

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

FOR
OFFICE
USE

MMBR#	MEMB	ZIP+4	CARD	EMAIL	PACKET	GROUPS	AGENCY
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