

FOR

OFFICE USE MMBR#

MEMB

ZIP+4

CARD

EMAIL

GROUPS

WEBSITE

PACKET

AGENCY

BOYD COUNTY EMS, KENTUCKY BI-WEEKLY PAYROLL DEDUCTION AUTHORIZATION

I,	, hereby authorize Boyd County, EMS					
(Please print name leg	jibly)	•				
to deduct \$	from my bi-weekly paycheck until further notice. I					
further authorize Boyd (County, EMS to forw	vard said funds to	:			
SUPPORTING HEROES, INC P. O. Box 991547 Louisville, KY 40269-1547						
EMPLOYEE SIGNATURE	EMPLOYEE or PAYROLL ID					
SIGNATURE		PATROLL ID				
SUPPORTING HI	EROES	MEMBER	SHIP			
POLICE FIRE	EMS X	INFORMA (Boyd County, Kentuck				
NAME						
RANK	DIVISION: EMS	FIRE	OTHER			
MEMBERSHIP TYPE: MAILING ADDRESS			(see back)			
CITY/STATE/ZIP						
EMAIL(NOTE: Keeping our m	embers informed via email he	elps us to keep our operati	ng expenses to a minimum.)			
PHONE (Optional)						
AMOUNT AUTHORIZE PER BI-WEEKLY PAY		DATE:				
NOTE: Individual m family membership	embership is \$120 a (two adults) is \$20					

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	