

USE

LAGRANGE FIRE & RESCUE DEPARTMENT WEEKLY DEDUCTION AUTHORIZATION

(Print name legibly)	, hereby authorize LaGrange Fire & Rescue									
Department to deduct \$	epartment to deduct \$ from my weekly paycheck until further notice.									
I further authorize LaGrange Fire & Rescue Department to forward said funds to:										
SUPPORTING HEROES, INC	P. O.	Box 991	547 L	ouisville,	KY 402	269-1547.				
EMPLOYEE SIGNATURE	EMPLOYEE or PAYROLL ID									
SUPPORTING HEROES	N	IEMB	_	IIP IN	_	MATION nt)				
POLICE FIRE EMS EMS NAME										
RANK										
MEMBERSHIP TYPE: INDIVIDUAL MAILING ADDRESS						ŕ				
CITY/STATE/ZIP										
EMAIL(NOTE: Keeping our members inform	ed via e	mail helps us	s to keep our	operating ex	openses to a	minimum.)				
PHONE (Optional)										
AMOUNT AUTHORIZED PER QUARTERLY PAY PERIOD NOTE: Individual membership is membership (two adults) is \$200	\$120) annuali	y (\$2.32	weekly)	and fan	nily				
membership (two addits) is \$200	ariiiu	uny (ψυ.	JU WUCCKI	y /•						

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	