



CITY OF FRANKFORT, KENTUCKY
PAYROLL DEDUCTION
AUTHORIZATION

I, _____, hereby authorize the City of Frankfort, KY to
(Print name legibly)

deduct \$_____ from my bi-weekly paycheck until further notice. I

further authorize the City of Frankfort to forward said funds to:

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

EMPLOYEE SIGNATURE _____ EMPLOYEE or PAYROLL ID _____



MEMBERSHIP
INFORMATION

(City of Frankfort, Kentucky Employee)

NAME _____

RANK _____ DIVISION: POLICE _____ FIRE & EMS _____ OTHER _____

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 BI-WEEKLY 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).

Dues are only deducted 24 times per year

Table with 8 columns: MMBR#, MEMB, ZIP+4, CARD, EMAIL, GROUPS, WEBSITE, PACKET, AGENCY. Includes 'FOR OFFICE USE' label.