

\_\_\_\_\_ Check here if this modifies a previous authorization



**FAIRDALE FIRE PROTECTION DISTRICT  
PAYROLL DEDUCTION AUTHORIZATION**

I, \_\_\_\_\_, hereby authorize Fairdale Fire Protection District  
(Print name legibly)

to deduct \$\_\_\_\_\_ from my bi-weekly/quarterly paycheck until further notice.  
(Bi-weekly/Quarterly)

I further authorize Fairdale 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**  
(Fairdale 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 WEEK/MONTH PAY PERIOD: \$ \_\_\_\_\_ DATE: \_\_\_\_\_

*NOTE: Individual membership is \$120 annually (\$4.62 bi-weekly/\$30.00 quarterly) and family membership (two adults) is \$200 annually (\$7.70 bi-weekly/\$50.00 quarterly).*

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