



**SOUTH OLDHAM FIRE DEPARTMENT
BI-WEEKLY/SEMI-ANNUAL PAYROLL
DEDUCTION AUTHORIZATION**

I, _____, hereby authorize the South Oldham Fire Department
(Print name legibly)

to deduct \$_____ from my bi-weekly/semi-annual paycheck until further
(----- Circle One -----)

notice. I further authorize South Oldham Fire Department to forward said funds to:

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

EMPLOYEE SIGNATURE _____ EMPLOYEE or PAYROLL ID _____



**MEMBERSHIP
INFORMATION**

(South Oldham Fire Department Employee)

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
BI-WEEKLY/SEMI-ANNUAL PAY PERIOD: \$ _____ DATE: _____
(----- Circle One -----)

NOTE: Individual membership is \$120 annually (\$4.62 bi-weekly/\$60.00 semi-annually) and family membership (two adults) is \$200 annually (\$7.70 bi-weekly /\$100.00 semi-annually).

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