



CITY OF NICHOLASVILLE, KY
PAYROLL DEDUCTION
AUTHORIZATION

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

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

further authorize the City of Nicholasville, KY 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 Nicholasville, Kentucky Employee)

NAME _____

RANK _____ DIVISION: POLICE _____ FIRE _____ OTHER _____

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 PAY PERIOD: \$ _____ DATE: _____

NOTE: Individual membership is \$120 annually (\$4.62 per pay period) and
family membership (two adults) is \$200 annually (\$7.70 per pay period).

Table with 9 columns: MMBR#, MEMB, ZIP+4, CARD, EMAIL, GROUPS, WEBSITE, PACKET, AGENCY. Row 1: FOR OFFICE USE

