

_____ Check if this modifies a previous agreement.



**ZONETON FIRE DISTRICT
BI-WEEKLY/MONTHLY
PAYROLL DEDUCTION
AUTHORIZATION**

I, _____, hereby authorize the Zoneton Fire District
(Print name legibly)

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

notice. I further authorize the Zoneton Fire District to forward said funds to:

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

EMPLOYEE SIGNATURE _____ EMPLOYEE or PAYROLL ID _____



**MEMBERSHIP
INFORMATION**
(Zoneton Fire District)

NAME _____

RANK _____

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/MONTHLY PAY PERIOD: \$ _____ DATE: _____
(----- Circle One -----)

NOTE: Individual membership is \$120 annually (\$4.62 bi-weekly/\$10.00 monthly) and family membership (two adults) is \$200 annually (\$7.70 bi-weekly /\$16.67 monthly).

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