



NORTH OLDHAM FIRE DEPARTMENT
PAYROLL DEDUCTION
AUTHORIZATION

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

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

I further authorize North 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
(North Oldham Fire Department)

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 (\$2.31 weekly/\$10.00 monthly) and family membership (two adults) is \$200 annually (\$3.85 weekly/\$20 monthly).

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