

_____ Check if this modifies a previous agreement.



**MT. WASHINGTON FIRE
PROTECTION DISTRICT
BI-WEEKLY/QUARTERLY
DEDUCTION AUTHORIZATION**

I, _____, hereby authorize Mt. Washington Fire
(Print name legibly)

Protection District to deduct \$ _____ from my bi-weekly/quarterly
(----- Circle One -----)

paycheck until further notice. I further authorize Mt. Washington Fire Protection

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**

(Mt. Washington 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
BI-WEEKLY/QUARTERLY PAY PERIOD: \$ _____ DATE: _____
(----- Circle One -----)

NOTE: Individual membership is \$120 annually (\$5.00 bi-weekly/\$30.00 quarterly) and family membership (two adults) is \$200 annually (\$8.35 bi-weekly /\$50.00 quarterly).

FOR OFFICE USE

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