



**LYNDON FIRE PROTECTION DIST
BI-WEEKLY PAYROLL DEDUCTION
AUTHORIZATION**

I, _____, hereby authorize Lyndon Fire & Rescue
(Print name legibly)
to deduct \$_____ from my bi-weekly paycheck until further notice. I

further authorize Lyndon Fire & Rescue to forward said funds to:

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

EMPLOYEE SIGNATURE _____ EMPLOYEE or PAYROLL ID _____



**MEMBERSHIP
INFORMATION**
(Lyndon Fire & Rescue)

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 PAY PERIOD: \$ _____ DATE: _____

FOR OFFICE USE	MMBR#	MEMB	ZIP+4	CARD	EMAIL	GROUPS	WEBSITE	PACKET	AGENCY
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*NOTE: Individual membership is \$120 annually (\$5.00 per pay period) and family membership (two adults) is \$200 annually (\$8.35 per pay period).
Dues are only deducted 24 times per year*

