



BUECHEL FIRE PROTECTION DIST
PAYROLL DEDUCTION
AUTHORIZATION

I, _____, hereby authorize Buechel Fire Protection Dist.
(Print name legibly)

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

I further authorize Buechel Fire to forward said funds to:

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

EMPLOYEE SIGNATURE _____ EMPLOYEE or PAYROLL ID _____



MEMBERSHIP
INFORMATION
(Buechel 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 PAY PERIOD: \$ _____ DATE: _____

NOTE: Individual membership is \$120 annually (\$5.00 bi-weekly/\$30 quarterly) & family membership (2 adults) is \$200 annually (\$8.35 bi-weekly/\$50 quarterly).

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