## PHILADELPHIA FIRE OFFICERS UNION APPLICATION FOR MEMBERSHIP

Last Na			First		MI	
Address				Zip	Co/Plt	
Telephone			Date of BirthPayrol		#	
	Security No.	-   -	E-Ma	il Address		
*	First	M.I.	Last	Relationship	D.O.B.	
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* Multiple	beneficiaries will be cons	idered equal u	nless designated as Primary	(1) or Secondary(2)		
President			Treasurer	rship		
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## CITY OF PHILADELPHIA AUTHORIZATION

## TO THE CITY OF PHILADELPHIA

You are hereby authorized and empowered to withhold from each of my paychecks the sum of \$10.00 or such other amount as prescribed from time to time by the Philadelphia Fire Officers Union, which money shall be paid over to the Treasurer of said union. I reserve the right to revoke this deduction at any time by written notice to the City and the Union.

Employee P	ermanent N	0	Name		 	
Dept No	13	Element	Sub Element	tDate	 State Park	

Assignment\_\_\_\_Address\_\_\_\_\_Signature\_\_\_\_\_Signature\_\_\_\_\_