



BROWARD COUNTY

FIREFIGHTERS BENEVOLENT FUND

1951 NE 48th Street

Pompano Beach, FL 33064

Registered 501c3 nonprofit

Application and Payroll Deduction Authorization

I _____ the undersigned,
(last name) (first name) (middle initial)

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

CELL# _____ Service Provider _____

E-MAIL _____ SHIRT SIZE _____

SIGNATURE _____ EFFECTIVE DATE _____

Broward County Firefighters Benevolent dues \$100 annually (\$3.85 biweekly)

Type of membership (check one)

- Active membership (currently employed with BSO Fire Rescue Department uniform or civilian)
- Retired membership (formerly employed with BSOFR or affiliated FD)
- Family membership (BSOFR or affiliated FD)
- Associate membership (affiliated group) _____

Please initial either biweekly payroll deductions for Active membership or Annual payment for Retired, Family, Associate membership

- a. Authorize bi-weekly payroll deductions \$3.85 for BCFF Benevolent membership dues _____ initial
- b. Annual payment for membership \$100.00 _____ initial

RETURN FORM TO:

Pete Fauerbach, Director
1951 NE 48th Street
Pompano Beach, FL 33064
(954) 444-8114
pfauerbach@comcast.net