

# Sffbf Membership Application

Please check all that applies :

Career Firefighter: \_\_\_\_\_ Volunteer Firefighter: \_\_\_\_\_

- |                                         |                                                 |
|-----------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> New Member     | <input type="checkbox"/> Withdraw of Membership |
| <input type="checkbox"/> Address Change | <input type="checkbox"/> Name Change            |

Complete ALL fields in this section:

Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Number of Children: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

I, \_\_\_\_\_, do hereby apply for membership to the Sarasota Fire Fighter's Benevolent Fund. I agree to abide by the By-laws of the organization and conduct myself in a manner befitting.

Signature \_\_\_\_\_

## OFFICAL USE

Received and Filed By: \_\_\_\_\_ Date: \_\_\_\_\_

Sent to Payroll By: \_\_\_\_\_ Date: \_\_\_\_\_

**Payroll Deduction Request**

I, \_\_\_\_\_, would like to request a Payroll Deduction in the following amount of \$5.00 per pay check for membership dues to the Sarasota Fire Fighter's Benevolent Fund. I understand that the amount will be deducted from my payroll bi-weekly.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Social Security Number

Send to: Sarasota County

1660 Ringling Blvd.

HR 4<sup>th</sup> Floor

Sarasota, FL 34234