



APPLICATION FOR MEMBERSHIP in
 Sugar Land Professional Firefighters association
 And
 International Association of Firefighters

First Name	Last Name	M.I.	Home Telephone		
Home Address				SS#	
City	State	Zip	Rank	Station	Shift

I, _____ the undersigned,

- a. Apply for membership in the above union and agree to abide by its Constitution and By-Laws.
- b. Hereby Tender \$_10.00_ as payment for initiation fee into the IAFF. (Check Payable to IAFF)
- c. Authorize the union to be my exclusive bargaining agent for collective bargaining for wages, hours and other conditions of employment.
- d. I authorize monthly payroll deductions for Union Dues as indicated below.

 Signature Date

SUGAR LAND PROFESSIONAL FIREFIGHTER'S ASSOCIATION PAYROLL DEDUCTION AUTHORIZATION

Employee Name _____ Employee # _____

Address _____ Phone # _____

City, State, Zip Code _____ Effective Date _____

Initial **Authorization** **Stop** **Authorization**

I hereby authorize City of Sugar Land to deduct from my salary the amount set forth below and to deposit these funds in the Sugar Land Professional Firefighter's Association account for each payroll period following receipt of this authorization until further written notice from me.

I also understand that the premium rate will change periodically. Payroll has my permission to adjust my deduction when the Fire Association notifies them of such changes.

\$ 12.50 Deduction Amount

 Signature Date

Instructions

- 1) Please completely fill in the form on-line
- 2) Print the form using this button >>>
- 3) Sign and date both the top and bottom portions of the form
- 4) Do not write in the effective date - this will be filled in by you station rep.
- 5) Submit the form and a check (payable to IAFF) to your station rep.
- 6) Your initial receipt will be mailed to you. After that, your pay stub will serve as your receipt.
- 7) You will receive your IAFF card within approximately four weeks