



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



First Name		Last Name		M.I.	
Home Address				SOCIAL SECURITY #	
CITY	STATE	ZIP	RANK	STATION/SHIFT	

- I, _____ the undersigned,
- Apply for membership in the above union and agree to abide by its Constitution and By-laws.
 - Hereby tender \$ 10.00 as a payment for initiation fee into the IAFF. (Check Payable to IAFF)
 - Authorize the union to be my exclusive bargaining agent for collective bargaining for wages, hours and other conditions of employment.
 - I authorize monthly payroll deductions for unions 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 the 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.

\$21.91 Deduction Amount (Per Pay Period)

Signature

Date

