**Charlotte Firefighters’ Association Membership Application**

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

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

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

**Employee Number:\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number:\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I understand by signing this form, I am agreeing to have a weekly deduction from my paycheck as assigned by the IAFF Local 660. My signature below authorizes the deduction to be taken until I send a cancellation request to the Secretary of the Charlotte Firefighters’ Association.

It is my responsibility to notify the Charlotte Firefighters Association if I wish to terminate my payroll deduction or do not have enough money for the deduction to be taken from my check.

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_**

**Office Use only:**

**Union Code: UNION3 Sent to City HR:\_\_\_\_\_ Added to City Roster:\_\_\_\_\_\_\_ Sent to IAFF\_\_\_\_**