## **Fayette Public Safety Benevolent Society**

Membership Application	
Please Print Legibly	
Name:	
Personal E-mail Address:	
Tersonal E-man Address.	
Mailing Address:	
Maning Address.	
((( 7 0)	
Phone Number:	
Fayette	
Benevolent	
Department Name:	
Age.	
How were you recruited? (optional)	
Helping Us, Help Each Other	
Are you interested in being a Department Representative?	
Please sign below to acknowledge you understand the majority of the communication from	n thic
organization will be via e-mail.	i uns
Date	
Signature	