

# Fayette Public Safety Benevolent Society

## Membership Application

---

**Please Print Legibly**

Name:

Personal E-mail Address:

Mailing Address:

Phone Number:

Department Name:

How were you recruited? (optional)

Are you interested in being a Department Representative?

**Please sign below to acknowledge you understand the majority of the communication from this organization will be via e-mail.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date