

Sffbf Membership Application

Please check all that applies :

Career Firefighter: _____ Volunteer Firefighter: _____

- | | |
|---|---|
| <input type="checkbox"/> New Member | <input type="checkbox"/> Withdraw of Membership |
| <input type="checkbox"/> Address Change | <input type="checkbox"/> Name Change |

Complete ALL fields in this section:

Name: _____

Spouse Name: _____

Number of Children: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

I, _____, do hereby apply for membership to the Sarasota Fire Fighter's Benevolent Fund. I agree to abide by the By-laws of the organization and conduct myself in a manner befitting.

Signature _____

OFFICAL USE

Received and Filed By: _____ Date: _____

Sent to Payroll By: _____ Date: _____

Payroll Deduction Request

I, _____, would like to request a Payroll Deduction in the following amount of \$5.00 per pay check for membership dues to the Sarasota Fire Fighter's Benevolent Fund. I understand that the amount will be deducted from my payroll bi-weekly.

Employee Signature

Date

Employee Social Security Number

Send to: Sarasota County

1660 Ringling Blvd.

HR 4th Floor

Sarasota, FL 34234