



CFFA MEMBERSHIP STATUS/ PAYROLL DEDUCTION

1. Name _____
(Print Full Name)
2. Address _____
City _____ State _____ Zip _____
3. Home Phone Number () _____
4. Are you a member of the **Charlotte Fire Fighters Association** Yes No

MEMBERSHIP INFORMATION

1. I would like to join the Charlotte Fire Fighters Association Yes No
2. If you checked YES above please provide the following information
Social Security # _____ Date of Birth _____
Pager # (if applicable) _____ Blood Type _____
Rank _____ Station # _____
Station Address _____
Station Phone # () _____ Spouse's Name _____
3. Do you own your own business? Yes No
4. If you checked YES above please provide the following information.
Name of business _____
Business address _____
Business phone _____ Fax _____
5. **Signature** _____ **Date** _____

PAYROLL DEDUCTION

- I would like my membership dues deducted weekly from my paycheck.
 I would like to cancel my payroll deduction.

Signature _____ **Date** _____

Once completed, please fax your form to CFFA Local 660, 704.331.0726