



I.A.F.F. Local I-60

United Emergency Medical Professionals of Arizona
PO Box 4110 - Mesa - Arizona - 85211
http://www.locali60.org (480) 655-7272
Jason Payne, President; Kevin Burkhart, Secretary / Treas

NEW MEMBER APPLICATION FORM

MEMBER INFORMATION

LAST NAME: _____ FIRST NAME: _____ MI: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DOB: _____ PHONE: _____ (HOME/CELL)

IAFF ID: _____ RM/SWA #: _____ E-MAIL: _____

International Association of Fire Fighters, Local I-60 Membership

Effective on the date below, I voluntarily authorize a payroll deduction of \$24 per pay period. This amount is payable to the Local I-60 for Union Dues as governed by the IAFF Local I-60 By-Laws. If I do not revoke this authorization in writing to the Local I-60 Secretary or Treasurer, it shall be renewed for six (6) months. I understand that Union membership may only be terminated during the first week in January or July.

LOCAL I-60 POLITICAL ACTION COMMITTEE (PAC) MEMBERSHIP

I will contribute to the Local I-60 Political Action Committee (PAC), effective with the first pay period following the signature of this application and continued until I withdraw this authorization in writing to the Local I-60 Secretary. I elect to contribute:

N/A \$1.00 \$2.00 \$3.00 \$5.00 \$7.00 \$10.00 \$15.00

ADDITIONAL DEDUCTIONS FOR UNION BENEFITS (leave blank if N/A)

Start:	AFLAC INS	\$	Per Pay Period	Initials _____
Start:	PPLSI	\$	Per Pay Period	Initials _____
Start:		\$	Per Pay Period	Initials _____

PLEASE SIGN BELOW AND FAX COMPLETED APPLICATION TO 480-655-7281

Signature: _____ Date: _____

I.A.F.F. LOCAL I-60 OFFICE USE ONLY			
Date Rec'd:	_____	Processed:	_____
IAFF ID:	_____	Drop Date:	_____
Notes:	_____		

;