



# 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

## MEMBER DROP / REMOVAL FORM

### MEMBER INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DOB: \_\_\_\_\_ PHONE: \_\_\_\_\_ (HOME/CELL)

IAFF ID: \_\_\_\_\_ RM/SWA #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### EMP CHARITIES, INC (TAX DEDUCTABLE CHARITY DONATION)

I would like to discontinue my tax deductible contributions to EMP Charities, Inc. effective the first full pay period following the date of this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### LOCAL I-60 POLITICAL ACTION COMMITTEE (PAC) MEMBERSHIP

I would like to discontinue my contributions to the Local I-60 Political Action Committee (PAC) fund effective the first full pay period following the date of this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### IAFF LOCAL I-60 UNION MEMBERSHIP

I voluntarily request to discontinue my membership in the International Association of Fire Fighters effective at the end of the coming withdraw period (January or July) following the date of this form. I understand that any PFFA Fire Fighter License Plates are to be surrendered to the ADOT/MVD office and that all decals are to be removed from my vehicle immediately.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_