



# Professional Firefighters/Paramedics of Palm Beach County, Inc. IAFF Local 2928

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## DELRAY BEACH APPLICATION FOR MEMBERSHIP International Association of Fire Fighters & DUES DEDUCTION FORM

Please PRINT CLEARLY

NAME	Last	First	Middle Initial	Date of Birth
ADDRESS: _____				
CITY: _____		STATE: _____ ZIP _____		
PHONE: _____		CELL: _____		
SS# _____		E-MAIL _____		
DATE OF HIRE: _____		TRANSFER FROM # _____		
RANK: _____	STATION: _____	SHIFT: _____	DISTRICT: _____	
NOTE: If you are RE-JOINING the Local, date withdrew: _____				

I, THE UNDERSIGNED, APPLY FOR MEMBERSHIP IN THE ABOVE UNION AND AGREE TO ABIDE BY ITS CONSTITUTION AND BY-LAWS.

I AUTHORIZE DUES DEDUCTIONS IN THE AMOUNT OF 1.25% OF MY REGULAR GROSS SALARY EACH PAYCHECK.

EMPLOYEE'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

UNION REPRESENTATIVE'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

INTERNAL USE ONLY

Membership: \_\_\_\_\_ Treasurer/Payroll: \_\_\_\_\_ Legal: \_\_\_\_\_ Fire PAC: \_\_\_\_\_ IAFF: \_\_\_\_\_

Affiliated with the International Association of Fire Fighters, AFL-CIO, CLC

