



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

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PALM BEACH COUNTY 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 1.35% 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

