



Tampa Firefighters #754

Retired-Active Membership Application

Member Name: _____

Address: _____

City: _____ Zip Code: _____

IAFF Member ID# _____

Personal Email: _____ Phone: _____

Date of Birth: _____ Sex: _____

Retirement Date: _____ Retirement Rank: _____

I, the undersigned individual, apply for Active-Retired membership in Tampa Firefighters, Local 754, IAFF, and agree to abide by its Constitution and By-Laws and policies.

I hereby authorize Tampa Firefighters L754 to deduct and remit monthly from my pension check the following amount for union dues (IAFF Union Dues) and union-related benefits (IAFF Union Benefits), and when required, authorize the union to deduct any outstanding payments owed in dues or benefits. I understand this deduction reflects current dues and benefit deductions and is subject to change upon certification by the Union's Treasurer for approved reasons outlined in the bylaws and voluntary insurance purchases made by me through the union-approved agents. I also understand that my union benefits may be canceled if I fail to maintain my membership in good standing.

-Local Union Dues (1/5 of active members)	<u>\$ 10.58</u>
-F.I.R.E. PAC Contribution	<u>\$ 0.74</u>
-IAFF Union Dues (1/2 of active members)	<u>\$ 9.80</u>
-PPF Union Dues (1/2 of active members)	<u>\$ 3.88</u>
-Total Monthly Dues Deductions:	<u>\$ 25.00</u>

L754 Officer Signature/Date

Member Signature/Date