



Membership Application &
Payroll Deduction Authorization Form

(Please Write Clearly and Complete All Sections)

Name: _____ DOB ____/____/____

Cell Phone: (____) _____ - _____ Social Security #: _____ - _____ - _____

E-mail Address: _____

Active / Retired / Civilian: (Circle One) Agency: _____

Rank: _____ Shield #: _____ Command Name: _____

Interested in Representing BFTF at LOD Funeral Deployments? Yes /No (Circle One)

Please check one of the following payment options:

____ I hereby wish to become a member and authorize the Brotherhood for the Fallen Suffolk County, Inc. to deduct \$2.00 per pay period for membership dues.

OR

____ I hereby wish to become a member of the Brotherhood for the Fallen Suffolk County, Inc. and have enclosed my annual membership dues of \$52 or paid on the website.

Signature: _____ Date: _____

Please forward completed applications via inter-department mail to any BFTF board member or mail them to P.O. Box. 1306, Ronkonkoma, NY 11779.