



**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 have paid via PayPal or Venmo and attached a copy of the payment.

The links for both payment methods are available on the Homepage of our 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.*