



APPLICATION FOR MEMBERSHIP



*TO THE
RETIRED FIREFIGHTERS ASSOCIATION OF DENVER*

NAME _____ BIRTHDAY _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE NO. _____

E-MAIL _____

DATE OF APPOINTMENT _____ DATE OF RETIREMENT _____

RANK & ASSIGNMENT AT TIME OF RETIREMENT _____

SPOUSE'S NAME _____ SPOUSE'S BIRTHDAY _____

WEDDING ANNIVERSARY _____ ADD SPOUSE Yes _____ No _____

The Watch Tab, monthly newsletter, will only be available electronically.

The roster is now exclusively available online at www.dfdretired.org for members only.

AUTHORIZATION FOR PAYROLL DEDUCTION

I _____ hereby authorize the Fire and Police Pension Association to
(Member's printed name) deduct the annual dues of **\$25.00** per person for the

RETIRED FIREFIGHTERS ASSOCIATION OF DENVER

from the first pension check of each year until I cancel this authorization.

Spouse's Name (if to added as a member) _____

Signature _____ Date _____

Payroll deduction is from January 1st through December 31st of each year. Members joining mid year will pay \$2.10 per person per month payable to the Retired Firefighters Association of Denver.

**Retired Firefighters Association c/o Al Buchwald
9199 Viaggio Way Highlands Ranch, CO 80126
720-216-7024**