



*APPLICATION FOR MEMBERSHIP*



*TO THE  
RETIREED FIREFIGHTERS ASSOCIATION OF DENVER*

NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE NO. \_\_\_\_\_

DATE OF APPOINTMENT \_\_\_\_\_ DATE OF RETIREMENT \_\_\_\_\_

RANK & ASSIGNMENT AT TIME OF RETIREMENT \_\_\_\_\_

TYPE OF RETIREMENT: AGE & SERVICE \_\_\_ DISABILITY \_\_\_ AGE AT RETIREMENT \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ SPOUSE'S BIRTHDAY \_\_\_\_\_

WEDDING ANNIVERSARY \_\_\_\_\_

Do you wish the newsletter to be MAILED \_\_\_\_\_ or E-MAILED \_\_\_\_\_

**AUTHORIZATION FOR PAYROLL DEDUCTION**

I \_\_\_\_\_ hereby authorize the Fire and Police Pension Association to  
(Member's printed name)  
deduct the annual dues of **\$20.00** per person for the

**RETIREED FIREFIGHTERS ASSOCIATION OF DENVER**

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

Member \_\_\_\_\_ Spouse \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Payroll deduction is from January 1<sup>st</sup> through December 31<sup>st</sup> of each year. Members joining mid year will pay \$1.70 per person per month payable to the Retired Firefighters Association of Denver.

Retired Firefighters Association c/o Al Buchwald  
16695 Singletree Ct. Morrison, CO 80465  
303-697-0639