



*APPLICATION FOR MEMBERSHIP*



*TO THE  
RETIREED 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 \_\_\_\_\_

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

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 **\$25.00** 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 \$2.10 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  
720-216-7024