



**FAIRFAX COUNTY PROFESSIONAL
FIRE & RESCUE OFFICERS ASSOCIATION**

P.O. BOX 333
FAIRFAX, VIRGINIA 22038-0333
www.fairfaxfireofficers.org

APPLICATION FOR MEMBERSHIP

Last Name: _____ First Name: _____ MI: _____

Rank: _____ Current Assignment: _____

Street Address: _____ Apt/Unit #: _____

City: _____ State: _____ ZIP: _____

E-mail: _____ Date: _____

I, _____, do hereby make application for membership in the Fairfax County Professional Fire & Rescue Officers Association (hereinafter "the Association").

I pledge to abide by the By-Laws, rules, and regulations of the Association.

I have completed with this Application for Membership the necessary Payroll Deduction Card authorizing dues deduction of applicable and current dues on record with DHR-Payroll each pay period (not to exceed two pay periods per month) payable to the Association.

Signed: _____

DO NOT WRITE BELOW THIS LINE – FOR BOARD USE ONLY

Membership action: Approved: _____ Denied: _____

Payroll Deduction Card sent to DHR/Payroll: _____

Remarks: _____
