



CHANGE IN DUES DEDUCTION FORM INSTRUCTIONS

Please follow these instructions as they will assist us in maintaining your change in dues deductions for the purposes of internal book keeping.

1. Please fill out the form in its entirety.
 - a. Make sure that you write in the dollar amount you wish to be deducted in the appropriate space.
2. Deductions will start once the form is scanned and emailed over to payroll.
3. Any changes in the amount of dues that are to be deducted must be completed on this form.
 - a. Changes in dues can never be less than \$24.00 bi-weekly.
4. Social Security Number
 - a. Ensure this is legible.
5. Signature:
 - a. YOUR signature must appear on this line with the accompanying information for the dues to be automatically deducted when submitted to pay roll.
6. Where do I send them:
 - a. Please send completed application and beneficiary form to “Brad Carruthers” via county mail at the “range” or US Mail to:
Fairfax FOP, Lodge 77 10513 Judicial Drive, Suite 102 Fairfax, Va. 22030.



FAIRFAX FRATERNAL ORDER OF POLICE LODGE No. 77

CHANGE IN DUES DEDUCTION AMOUNT FORM

NAME: _____ EIN: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: HOME _____ OTHER _____

STATION/DIVISION: _____ SQUAD: _____

*Send completed forms via County mail to "Brad Carruthers" at the "Range" or by US Mail to
Fairfax Fraternal Order of Police, Lodge 77
10513 Judicial Drive, Suite 102 Fairfax, Va. 22030*

Please also complete this payroll deduction form

MEMBERSHIP APPLICATION – REPRESENTATION AND DUES DEDUCTION AUTHORIZATION	
Fairfax County Police Department	Deduction: \$ _____ Bi-Weekly
Name: <input style="width: 450px; height: 25px;" type="text"/>	EIN: <input style="width: 150px; height: 25px;" type="text"/>
Social Security Number: <input style="width: 330px; height: 25px;" type="text"/>	
<p>I, the undersigned, hereby apply for membership in and designate the Fairfax Fraternal Order of Police, Lodge 77, as my duly authorized representative on matters relating to my economic welfare, including wages, hours and working conditions and, as my representative in FLSA matters and in any grievances I may have concerning these matters. Please consider this your authority to deduct from salary or wages earned by me an amount certified by Lodge 77, as my regular required current monthly dues.</p> <p>This authorization shall remain in effect until terminated by me in writing.</p>	
Print – Name & Rank:	<input style="width: 530px; height: 25px;" type="text"/>
Station/Assignment:	<input style="width: 530px; height: 25px;" type="text"/>
City, State:	Zip:
<input style="width: 275px; height: 25px;" type="text"/>	<input style="width: 195px; height: 25px;" type="text"/>
	Phone:
<input style="width: 275px; height: 25px;" type="text"/>	<input style="width: 195px; height: 25px;" type="text"/>
Signature: _____ Date: _____	