

— PAYROLL DEDUCTION FORM (0414 Council Crime)



(Choose one)

Silver Membership - Payroll Deduction (Minimum of \$2.00 per pay period)

Annual Individual - \$50.00

Student Individual - \$30.00 (Age 18 - 24)

Lifetime - \$750.00

Non-Profit Business - \$100.00

Business - \$200.00

Information Update: ☐ **Address Change** ☐ **Dues Increase** ☐ **Transfer from** **to**

Your information is protected and will not be share

First Name : **MI :** **Last Name :**

Address :

City : **State :** **Zip Code :**

County : Phone # :

Agency : **Work Location :**

E-Mail :

Chapter: Referred by:

Complete this section for Payroll Deduction

I, _____, _____ authorize my
(Printed Name) (People First ID)
employer to deduct \$ _____ or \$ _____, beginning with warrant
(Min. \$2.00 for biweekly agencies) (Min. \$4.00 for monthly agencies)
date, _____ for FCCD membership. I understand this deduction will continue until I
authorize cancellation.

Signature

Forward completed form to:

shelley.liddle@myfccd.org

or

FCCD

P.O. Box 91414

Lakeland, Florida 33804-1414