

**Authorization to Deduct From Retirement Allowance
for Membership Dues to the
Salt Lake Retired Firefighters Association**

To: The Executive Director of the Utah State Retirement Board

I wish to meet the payments for membership dues in the above association by means of deduction from my retirement allowance. Deductions shall be made in accordance with the bylaws of said organization. I hereby request and authorize you to deduct from my allowance the amounts necessary for dues of the Salt Lake Retired Firefighters Association (SLRFA). I understand that I may terminate this arrangement at any time by giving notice to the secretary of the SLRFA.

Printed Name of Retired Member

Social Security Number

Current Date

Date of Retirement

Signature

↑ Above this line to be filled out by retired firefighters only ↑

↓ Below this line to be filled out by all SLRFA members ↓

**Salt Lake Retired Firefighters Association
Member Information**

Name _____

Street Address _____

City/State/Zip _____

Telephone (____) _____ Spouse Name _____

Email Address _____

Fire Department at Retirement _____

Name of son, daughter, or younger relative not living in household:

Please complete this form and mail to:
SLRFA, 1864 South Berkeley Street, Salt Lake City, Utah 84108
Dues can be deducted from a member's retirement allowance, automatically deducted from an account at the Firefighters Credit Union, or paid annually by check (\$12/year).
Note: Information on this form, including email address, is confidential and will not be sold, released or used for any purpose other than what is required by the state retirement system and the operation and mission of the Salt Lake Retired Firefighters Association. (0807)