

PROGRESSIVE FIRE FIRGHTERS ASSOCIATION

A MEMBER OF THE INTERNATIONAL ASSOCIATION
OF BLACK PROFESSIONAL FIRE FIGHTERS
P.O. BOX 62063 WASHINGTON, D.C. 20029
PHONE: 202-529-0638

MEMBERSHIP APPLICATION

I, _____ do hereby apply for membership in the Progressive Fire Fighters Association Of Washington D. C. In the event my application is accepted, I agree to abide by the objectives, rules and regulations of the association as outlined in its constitution and by-laws and do pledge to meet the challenges as set forth in its purpose and aims and promise to support and promote the organization in all its endeavors.

Name _____ Soc. Sec. No. _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ E-Mail _____

Division _____ Unit _____ Platoon _____ Rank _____

Date Of Appointment _____ Date Of Retirement _____

Date Of Birth _____ Place Of Birth _____ State _____

MEMBERSHIP DUES

The annual membership dues for an active member of the Department is **\$208.00** per year or **\$17.33** per month. Annual membership dues for retired members are **\$72.00** per year or **\$6.00** per month.

PAYMENT SCHEDULE (PLEASE CHECK YOUR SELECTION

Full Payment () _____ Bank Draft () _____

Applicant's Signature: _____ Date: _____

Disposition: Approved () Disapproved () other () _____

President's Signature: _____ Date: _____

**PROGRESSIVE FIRE FIGHTERS ASSOCIATION OF WASHINGTON, D.C.
AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENT**

Initiated by **INDUSTRIAL BANK, N.A.**, 4812 Georgia Avenue N.W.
Washington, D.C. 20011

I (We) hereby authorize Industrial Bank, N.A. to initiate entries or charges to my (our) account, indicated below:

(Print name as shown on account)

(Print name of financial institution)

(Branch if any)

(Print address of financial institution)

(Print City, State and Zip)

FINANCIAL INSTITUTION'S ROUTING/ TRANSIT NUMBER

DDA/SAV

ACCOUNT NUMBER

This authorization is to remain in full force until Industrial Bank, N.A. has received written notification from me (us) of its termination. Timing of notification must afford IBNA and my financial institution a reasonable opportunity to act on it.

Primary SSN/ TIN # _____

Signature of Payor

Print Name

Date

Signature of other, if joint

Print Name

Date

TO THE FINANCIAL INSTITUTION

So that you may comply with your depositor's request, IBW agrees:

1. To indemnify you against any loss you may suffer as a result of your actions in connection with the execution and issuance of any direct debit of charge, whether or not genuine, or on the behalf of IBNA and received by you in the regular course of business for the purpose of payment, including any cost or expenses reasonably incurred in connection therewith.

2. In consideration of your compliance with this authorization, your account holder agrees that your treatment of any charge, and your rights with respect to it, shall be the same as if the entry were initiated personally by your account holder and that if any charge is dishonored, whether with or without cause, you shall be under no liability whatsoever.

