



Boston Society of Vulcans of Mass., Inc.

P.O. Box 190269, Roxbury Massachusetts 02119-9998
TEL/FAX: 617-436-0019, E-Mail: BOSVULCANS@AOL.COM
Web Site: WWW.BostonVulcans.org

MEMBERSHIP/UPDATE APPLICATION

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

TYPE OF MEMBERSHIP:

REGULAR (\$15.mnth) _____ RETIREE & ASSOCIATE (\$50.YR) _____

FIRE DEPARTMENT _____ Date _____

I hereby apply for membership into the Boston Society of Vulcans, and I agree to abide by the By-Laws and Constitution of the organization (Signature)

(New Boston Members, Application must include a signed payroll deduction card below. Dues \$15. per month) (Firefighters from other towns & Retirees dues are \$50. per year)

Check one: New Member _____ Renewing _____ Updating Info _____

(Tear off Here)

Boston Vulcans Society of Massachusetts, Inc.

P.O. Box 269 — Roxbury, Massachusetts 02119
Telephone (617) 436-0019

PAYROLL DEDUCTION AUTHORIZATION

Print			
FIRST NAME	INITIAL	LAST NAME	PAYROLL NO./S.S. NO.

To my Employer: City of Boston

I hereby authorize you to start/stop monthly deductions of \$ _____ from my wages or salary for dues towards my membership in the Boston Vulcans Society of Massachusetts, Inc. This authorization will continue in effect until revoked by me.

DATE: _____ SIGNATURE: _____