



# Boston Society of Vulcans of Mass., Inc.

P.O. Box 190269 Roxbury, MA 02119-9998

TEL/FAX: 617-436-0019

E-MAIL: societyofvulcans@gmail.com

www.BosVulcans.com

## MEMBERSHIP/UPDATE APPLICATION

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

### TYPE OF MEMBERSHIP

**Check one:** [  ] REGULAR (\$15/month) \_\_\_\_\_ 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: X** \_\_\_\_\_

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

### **Check one:** [ ]

New Member \_\_\_\_\_ Renewing \_\_\_\_\_ Updating Info \_\_\_\_\_

.....  
(tear off here)

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### **PAYROLL DEDUCTION AUTHORIZATION**

**Print:** \_\_\_\_\_  
First Name Initial Last Name Payroll # / SS #

**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: X** \_\_\_\_\_