



Boston Society of Vulcans of Mass., Inc.

P.O. Box 190736 Roxbury, MA 02119-0014

TEL/FAX: 617-360-7255

E-MAIL: contact@bostonvulcans.org

www.bostonvulcans.org

MEMBERSHIP / UPDATE APPLICATION

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

Yes { } / No { } I agree to receive updates via text messages from time to time.

TYPE OF MEMBERSHIP

Check one: [☒] REGULAR (\$9/week) _____ RETIREE/ASSOCIATE (\$120/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 Member's, Application must include a signed payroll deduction card below.

Dues: \$9 per week (Firefighters from other towns & Retiree dues: \$120 per year)

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Check one: [☒]

New Member: _____ Renewing: _____ ^(tear off here) Updating Info _____

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PAYROLL DEDUCTION AUTHORIZATION

Print: _____
First Name Initial Last Name Payroll / ID# (if applicable)

To My Employer: City of Boston

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

Date: _____ **Signature: X** _____