



# Application for Membership

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Division: \_\_\_\_\_ Shift: \_\_\_\_\_

## **FBCSO Employees (Payroll Deduction):**

**FBCDSA Only: \$5 bi-weekly**

**TMPA: \$14 semimonthly**

**CLEAT: \$15 semimonthly**

## **Non-Employees (FBCDSA Only):**

**Regular Membership: \$150 annually**

**Lifetime Membership: \$1,500 single payment**

**Quarterly Lifetime Membership: \$375 annually over four (4) consecutive years**

**Business Membership: \$200 annually**

**Business Lifetime Membership: \$2,000 single payment**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Upon completion of this form, please email it to [membership@fbcdsa.org](mailto:membership@fbcdsa.org)