



# Professional Fire Fighters of Chesapeake

## Local #2449

P.O. Box 15182  
Chesapeake, Virginia 23328

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**Application for Membership in the:  
International Association of Firefighters  
And the  
Professional Firefighters of Chesapeake**

I, the undersigned,

- A. Apply for membership in the above and agree to abide by its Constitutions and By-laws.
- B. Authorize the union to be my exclusive bargaining agent for wages, hours and other conditions of employment.
- C. Authorize monthly deductions from attached account.

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone # \_\_\_\_\_

Email address (non-city): \_\_\_\_\_ T shirt size \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Station #: \_\_\_\_\_ Shift: \_\_\_\_\_

Previous member of an IAFF Local? \_\_\_\_\_ If so, member # \_\_\_\_\_

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

# Professional Fire Fighters of Chesapeake IAFF Local #2449

## Direct Debit Authorization Form

Check One:

Initial Debit

Modification

### EMPLOYEE INFORMATION

Name:

Billing

Address (if different  
from above) :

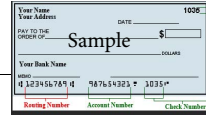
### FINANCIAL INSTITUTION INFORMATION

NAME:

ADDRESS:

NAME ON DEPOSITOR ACCOUNT:

DEPOSITOR ACCOUNT NUMBER:



DIGIT ROUTING NUMBER:

TYPE OF ACCOUNT:

Checking

Savings

FREQUENCY:

Monthly

\$40 deduction on the  
30th (or last day of the  
month)

Bi-monthly

\$20 deductions on the  
15th and 30th (or last day  
of the month)

I hereby authorize **Professional Fire Fighters of Chesapeake Local #2449** to electronically debit any payments from the bank specified above. This authorization is to remain in full force and effect until the Company has received written notification from me of its termination in such time and manner as to afford the Company and the bank named above a reasonable opportunity to act upon it.

I have read, understand and agree to the above statement.

Signature:

Date:

Please email completed forms to [iaff2449@gmail.com](mailto:iaff2449@gmail.com).

#### Office Use Only

Entered \_\_\_\_\_

Initials

Date

Verified \_\_\_\_\_

Initials

Date