



# Retired Firefighters of Washington

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PRESIDENT: Richard C. Warbrouck  
VICE PRESIDENT: James A. Fossos  
ADMIN ASSISTANT: Megan Girard ([info@rffow.org](mailto:info@rffow.org))

## RFFOW Membership Application

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

Spouse: \_\_\_\_\_

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

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

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

How would you like to receive your newsletters? (Circle one):    USPS                      Email                      Both

Retired From (City, Position, Date Retired): \_\_\_\_\_

Pension Plan (Circle one):    LEOFF I                      LEOFF II                      PRIOR ACT

**INITIATION FEE:** An initiation fee of \$60.00 is due with membership application. Dues are payable the following January 1<sup>st</sup> for each year of membership.

**DUES PAYMENT:** Dues will not be collected until January 1<sup>st</sup> each year.

Preferred payment method for annual dues (Circle one):                      Check                      Auto-Deduction

Please indicate your preferred method of payment from the list of payment options below:

- A. Payroll deduction in the amount of \$60 per year. \$57 goes to RFFOW, \$3 goes to the Legislative Fund.
- B. Payroll deduction in the amount of \$60 per year. \$57 goes to RFFOW, \$3 goes to charity.
- C. Check/cash/money order in the amount of \$60 per year. \$57 goes to RFFOW, \$3 goes to the Legislative Fund.
- D. Check/cash/money order in the amount of \$60 per year. \$57 goes to RFFOW, \$3 goes to charity.
- E. Check/cash/money order in the amount of \$57 per year, RFFOW membership only.

FOR EITHER OPTION A OR B:

At my own risk, I authorize DRS to regularly deduct a sufficient amount from my retirement allowance to pay dues/voluntary payment deduction at my request under this program. I hold DRS harmless for any problems the payment causes to occur between the organization and me.

Initials: \_\_\_\_\_ Last 4 Digits of Social Security Number: \_\_\_\_\_

Deductions will continue until:

- (1) I write to the RFFOW and DRS, asking for my deductions to end;
- (2) The deduction plan is terminated.

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

Once you have completed this form, please sign and mail it, along with a check for your initiation fee to RFFOW, 9134 207th Pl SW, Edmonds WA 98026-6659