



To whom it may concern,

I, _____, authorize the City of Lawrence to begin payroll deductions in the amount list below, beginning immediately. This payroll deduction will be paid to the Fraternal Order of Police, Lawrence Lodge #2, P.O. Box 272, Lawrence, Kansas 66044.

Please initial the appropriate membership level:

_____ Active Membership, \$395.00 annually
(Approximately \$15.20 per pay period)

_____ Associate Membership, \$200.00 annually
(Approximately \$7.70 per pay period)

_____ Retired Membership, \$240.20 annually
(Approximately \$9.24 per pay period)

signature

date

department

employee ID #