

**WITHHOLDING AUTHORIZATION FORM FOR MEMBERSHIP DUES TO  
AUSTIN FIREFIGHTERS ASSOCIATION-LOCAL 975**

I authorize the Austin Fire Fighters Relief and Retirement Fund to withhold the following amounts from my  
monthly benefits for payment to the Austin Firefighters Association.

Membership Dues       \$7.00       per month

**Total Withholding Authorized** **\$7.00** per month

\_\_\_\_\_  
Printed Name

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mail for to:**  
**Austin Firefighters Association-Local 975**  
**7537 Cameron Rd., Austin TX 78752**

**Fax: 512-380-0803**  
**Email: [info@iafflocal975.org](mailto:info@iafflocal975.org)**