

Membership Options

Join Date: _____

- Sworn New General Membership • \$100 (Paid in Full)
- Sworn Membership Renewal • \$100 (Paid in Full)
- Sworn Boston Police Membership Payroll Deduction (\$2 weekly; automatic renewal)
- Sworn Retiree Membership • \$25
- Associate Membership • \$25

Name: _____

Agency: _____

Address: _____

Rank: _____

DOB: _____

Badge Number: _____

Phone: _____

ID Number: _____

Personal Email: _____

Are you interested in travel**?

Yes

NO

***Travel is not required.*

Our Mission

"Our mission is to send Boston area police officers to the funeral services of law enforcement officers murdered in the line of duty to provide support the fallen officers family, colleagues and community. We also make a monetary donation to the family of the fallen to assist with immediate expenses"

**Pay by check
or Venmo us.**

Send checks to:

Brotherhood for the Fallen, Inc.
PO Box 51547
Boston, MA 02205
617-297-6622

*Scan
to pay*



@BFTFBoston17

Payroll Deduction Form

Date:

Employee ID:

Employee Name:

Department Name: **Boston Police Department**

I hereby authorize the City of Boston to deduct from my wages \$2 a week, every pay period, for Sworn Officer Membership dues to the Brotherhood for the Fallen Boston Chapter for the period of at least one calendar year.

Signature:

Contact Phone Number:

Email Address:

