



Fairfax County Professional Fire Fighters & Paramedics

"Strength Through Unity"

Local 2068

10500 Sager Avenue, Suite A
Fairfax, Virginia 22030-2483

Phone 703/591-9271

INFORMATION ON COMPLETING THE FORMS TO JOIN THE UNION

If you join the Union, there are 3 forms to complete and return to the Union office:

MEMBERSHIP FORMS

1. **MEMBERSHIP APPLICATION –Complete**

(If you are a transfer from another IAFF union local, please provide us with the IAFF Name, Local #, your Membership Number, and a card or letter in good standing from that local.)

2. **DUES DEDUCTION AUTHORIZATION CARD – Print your name, sign and date the card.**
We will complete the rest of the information.

3. **MEMBER PROFILE - Complete all items.**

Reminder: If anything on your Profile Form changes, you can email those changes to office@local2068.org. It is important that you keep your contact information current.

OPTIONAL (INSURANCES AND PAC)

Insurances available through the Local:

- AFLAC (Now offering Disability Insurance)
- Dominion Dental Insurance
- Legal Shield/Identity Protection
- Reliance Standard Disability Insurance
- **Political Action Contribution (PAC) – Call the Union office for more information or complete the FIREPAC Application provided.**

DUES DEDUCTION BREAKDOWN

	Per Pay Period	Retired Per Month
Dues – F Scale (FF)	\$36.29	\$13.00
Dues – F Scale (Apparatus)	32.84	
Dues – P Scale (DPSC)	28.21	
Disability Insurance	22.33	
Dental - Member	11.56*	\$25.04
Dental – Member + 1 Dependent	23.40	\$50.71
Dental – Member + Family	28.91	\$62.63
Legal Shield	9.21	\$19.94
Legal Shield w/Identity Theft	\$15.65	\$33.90

UNION OFFICE CONTACT INFORMATION

703-591-9271

Hours – Mon – Thurs-8-4; Fri-8-Noon

Admin>WP>Local>Forms>Information on Completing the Forms/**Recruits** JUNE 2024

APPLICATION FOR MEMBERSHIP***
International Association of Fire Fighters

I, _____ the undersigned,

PRINT

- Apply for membership in the above union and agree to abide by its Constitution and Bylaws.
- Hereby tender \$ _____ NA _____ as payment on initiation fee.
- Authorize the union to be my exclusive bargaining agent for collective bargaining for wages, hours, and other conditions of employment.
- Authorize monthly payroll deductions for Union Dues.

Signature _____

Rank _____

Station _____

Shift _____

Date _____

*****IF YOU ARE A TRANSFER FROM ANOTHER IAFF UNION LOCAL, PLEASE
PROVIDE US WITH:**

IAFF NAME & LOCAL # _____ YOUR IAFF NUMBER _____

AND A LETTER IN GOOD STANDING FROM AN OFFICER OF YOUR FORMER UNION.

This can be emailed to us at your earliest convenience office@local2068.org

EMPLOYEE PAYROLL
DEDUCTION AUTHORIZATION

IAFF Local 2068	F & R
Employee Organization or Association	County Agency

Employee's Name (Print or Type)	FOCUS #
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Effective Date	Total Deductions
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I hereby authorize my employer: Fairfax County Government
to deduct from my earnings such amounts of dues as may now or
hereinafter be payable by me to the organization named above.
This agreement shall remain in effect until such time as it is
amended or rescinded by me in writing.

Signature

Date





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Fax 703/591-2068

Member Profile

Please complete all the following information:

Last Name: _____ First Name: _____ M.I.: _____

Address: _____

(Please include apartment/building number, if applicable)

City: _____ State: _____ Zip Code: _____

County: _____

Home Phone: _____ Cell No.: _____

E-mail: **(NON-COUNTY PLEASE)** _____

County Payroll FOCUS #: _____

Date of Birth: _____ Male _____ Female _____

Date of Entry in Fire Department: _____/Recruit Class # _____

Rank/Station/Assignment: _____

(Station number and shift)

*To keep your record current, please let us know if any of this information changes.
Thank you.*

Our Union, Political Action, and What YOU Can DO



What is Political Action?

Political Action is how our Union works to improve the benefits and working conditions for our membership. Elected politicians make the laws, statutes and ordinances that control our working conditions, compensation, and pensions. We accomplish our goals by educating officials regarding issues important to us, and then working to elect those who support them.

How is my Contribution Used?

Your PAC donations are used to make campaign contributions to state and local political candidates. Very specific criteria are used to determine which incumbents or challenging candidates will receive our support.

At the state and local levels, our Union leaders issue questionnaires for candidates. A committee of firefighters and paramedics evaluates responses, and follow-up meetings are conducted prior to making any endorsement decision. Endorsement decisions are made based on a candidate's support for us and is NOT based on party affiliation.

WE SUPPORT CANDIDATES WHO SUPPORT FIREFIGHTERS

What can I Do?

Our Union's greatest strength is an involved and active membership. YOU help us help you by keeping your voter registration current, staying up to date on our issues, contributing your time to help our endorsed candidate at election time and supporting our PAC. By checking off \$5.00 per paycheck, your annual PAC contribution qualifies you for the IAFF's FIREPAC President's Club". Participants in the 100+ Club will receive an IAFF FIREPAC Pin and a yearly gift from the local. But most importantly, supporting PAC is a clear declaration of your commitment to our brother and sister firefighters and paramedics both in Fairfax County and across Virginia

To enroll in the Local 2068 FirePAC, fill out the form below and return it to the Union office in person or via email



IAFF LOCAL 2068 Political Action Authorization Card – ACTIVE MEMBERS

I herby authorize the following deduction each pay period to benefit the Local 2068 FirePAC

☐ \$ 5.00 x 26 pay periods = \$130.00 per year ("100+ Club") – Minimum Contribution

☐ \$ _____ x 26 pay periods = \$ _____ per year

This authorization is made voluntarily on my specific understanding that:

- Signing of this authorization and making of these voluntary contributions are not conditions of Union membership or employment;
- Local 2068 and IFF FIREPAC, which are connected with the International Association of Fire Fighters, these use these funds for political purposes, included but not limited to, making contributions to and expenditures of candidates and addressing political issues of importance to fire fighters and paramedics;
- This authorization shall remain in effect in full force until revoked in writing by me.

Name: _____

Signature: _____

FOCUS EIN: _____

Email: _____

Date: _____

Sizing for Gifts (Circle Shirt Preference)

MEN'S

WOMEN'S

| S

M

L

XL

XXL

Please notify us of any size changes in the future