

PROFESSIONAL FIRE FIGHTERS OF MASSACHUSETTS
MONTHLY PER CAPITA PAYMENT FORM
FY 2019

TO RECEIVE EMAIL INVOICES AND PAY ONLINE
VISIT:
www.pffm.org/billing

LOCAL NAME: _____ **LOCAL #** _____ **DATE:** _____

PER CAPITA PAYMENT

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> JUL18 | <input type="checkbox"/> JAN19 |
| <input type="checkbox"/> AUG18 | <input type="checkbox"/> FEB19 |
| <input type="checkbox"/> SEP18 | <input type="checkbox"/> MAR19 |
| <input type="checkbox"/> OCT18 | <input type="checkbox"/> APR19 |
| <input type="checkbox"/> NOV18 | <input type="checkbox"/> MAY19 |
| <input type="checkbox"/> DEC18 | <input type="checkbox"/> JUN19 |

_____ X \$15.10 X _____
MEMBERS # MONTHS

\$ _____
TOTAL PAID
MAKE CHECK PAYABLE TO
PFFM

PAC PAYMENT

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> JUL18 | <input type="checkbox"/> JAN19 |
| <input type="checkbox"/> AUG18 | <input type="checkbox"/> FEB19 |
| <input type="checkbox"/> SEP18 | <input type="checkbox"/> MAR19 |
| <input type="checkbox"/> OCT18 | <input type="checkbox"/> APR19 |
| <input type="checkbox"/> NOV18 | <input type="checkbox"/> MAY19 |
| <input type="checkbox"/> DEC18 | <input type="checkbox"/> JUN19 |

_____ X \$0.75 X _____
MEMBERS # MONTHS

\$ _____
TOTAL PAID
MAKE CHECK PAYABLE TO
PFFM PAC

PLEASE PRINT THIS FORM AND MAIL IT WITH BOTH CHECKS
PRODUCED IN HOUSE