

INFORMATION PROVIDED BY

Must be an active or retired El Paso County first responder

Your Name: _____ **Title:** _____

Department/Agency: _____

Agency Address: _____ **City/St/Zip:** _____

Office Phone: _____ **Mobile:** _____ **Other:** _____

Email: _____

Your Signature: _____ **Date:** _____

Department Head/Chief Name: _____ **Email:** _____

Submit form by email, send to contact@borderland100club.com

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TO BE COMPLETED BY AUTHORIZED 100 CLUB PERSONNEL

Verified/Approved: _____ **Date:** _____ **Data ID:** _____ **Payment ID:** _____

Posted: _____ **Date:** _____ **Check #:** _____ **Amount:** _____

Denied: _____ **Date:** _____