

## LAW ENFORCEMENT LABOR SERVICES, INC MEMBERSHIP FORM

**LELS PROMISE:** LELS will not release the contact information we obtain or have on file.  
Information below is for LELS Office use only

Name:

Preferred Email (Required)

Secondary E-Mail

Personal Phone

Home Address:

Employer:

Date of Hire:

Position:

Work cell/office Phone:

Law Enforcement  
Labor Services, Inc.  
2700 Freeway Blvd, Ste 700  
Brooklyn Center, MN 55430  
Main: (651)293-4424  
[www.lels.org](http://www.lels.org)



Email completed card to:  
[membership@lels.org](mailto:membership@lels.org)

By signing my name below, I acknowledge that I am authorizing the monthly deduction of LELS Union membership dues from my wages. This is in accordance to *Minn. Stat. § 179A.06(6)*.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signing this form entitles you to ALL the RIGHTS and PRIVILEGES of the Union membership. This Union represents you at your place of employment pursuant to and in accordance with *Minn. Stat. § 179A.01*, et. seq. in matters of wages, hours, and working conditions.

**Complete form, print, sign and email or mail back to LELS**