



MEMBERSHIP FORM

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

Name			
Personal / Home Email			
Work Email			
Personal / Home Phone		<input type="checkbox"/> This is a Mobile Phone	
Work Phone		<input type="checkbox"/> This is a Mobile Phone	
Home Address			
City, State, ZIP			
Employer		Date of Hire	
Classification / Title	<input type="checkbox"/> Full-Time Position	<input type="checkbox"/> Part-Time Position	
Union Local Number	<input type="checkbox"/> Licensed	<input type="checkbox"/> Non-Licensed	
Veteran Status	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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: <i>(Required)</i>		<i>*Payroll will not accept without a signature</i>
Date:		

Signing this form entitles you to ALL the RIGHTS and PRIVILEGES of Union membership.
The LELS 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 return to LELS via mail or email: membership@lcls.org

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