



Law Enforcement
Labor Services, Inc.

AUTHORIZATION CARD

Name of Employee Organization: Law Enforcement Labor Services
Address of Employee Organization: 2700 Freeway Boulevard, Suite 700
Brooklyn Center, MN 55430

I authorize the above-named employee organization to represent me in all matters relating to my terms and conditions of employment.

Please Print:

Last Name Middle Initial First Name

Address (Home)

City State: Zip Code:

Phone Number (Cell)

Email Address (Work)

Department / Division / Job Classification (Required)

Signature (Required)

Date (Required)

Please return this form to:

Law Enforcement Labor Services
700 Freeway Boulevard, Suite 700
Brooklyn Center, MN 55430
cdeans@lels.org