



**Law Enforcement
Labor Services, Inc.**

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 Cell Phone

Work Phone

Home Address

City, State, ZIP

Employer

Classification / Title

Employee ID Number
(State Employees Only)

Unit / Local Number

Veteran Status

Yes

No

Date of Hire

Full-Time Position

Part-Time Position

Licensed

Non-Licensed

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: *(Required)*

**Payroll will not accept without a signature*

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@lels.org

**Law Enforcement Labor Services
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Brooklyn Center, MN 55430
Main: (651) 293-4424
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