

INTEREST CARD
INTERNATIONAL UNION OF POLICE ASSOCIATIONS, AFL-CIO

www.iupa.org (800) 247-4872

DATE _____

I, the undersigned, hereby authorize the **International Union of Police Associations (IUPA), AFL-CIO**, to represent me for the purpose of collective bargaining with my employer.

(name of Employer, and/or its successor)

and to seek an election for that purpose.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

RANK _____ SHIFT _____ WORKSITE _____

SIGNATURE _____ EMAIL _____

Please Return to:
INTERNATIONAL UNION OF POLICE ASSOC., AFL-CIO
1549 RINGLING BLVD., 6TH FLOOR
SARASOTA, FL 34236