

# ILLINOIS COUNCIL OF POLICE

## Collective Bargaining Authorization Card

NAME (Please Print) \_\_\_\_\_

Home Address (Optional) \_\_\_\_\_

Home / Cell No. (Optional) \_\_\_\_\_

Email \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Department or Agency \_\_\_\_\_ District \_\_\_\_\_

Job Title or Rank \_\_\_\_\_

I wish to be Represented by the Illinois Council of Police  
as my Exclusive Collective Bargaining Agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

This card will never be seen by your Employer, your Fellow Workers or any other Union.

