

ILLINOIS COUNCIL OF POLICE (ICOPs) Collective Bargaining Authorization Card

NAME (Please Print) _____

Home Address _____

City/State/Zip _____

Home/Cell # (Optional) _____

Email Address _____

Department or Agency _____

Job Title or Rank _____

By signing this card, the employee acknowledges, that if a majority of his/her co-workers in an appropriate unit sign evidence of majority support, the card can be used by the petitioner to obtain certification as the employees' exclusive representative without an election. Rules, sec. 1210.80(d)(2)(E).

SIGNATURE _____ **DATE** _____

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