

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.

