

# OHIO PATROLMEN'S BENEVOLENT ASSOCIATION

## Application for Membership and Authorization for Dues Deduction

I hereby request and accept membership in the OHIO PATROLMEN'S BENEVOLENT ASSOCIATION and authorize said Association to represent me and in my behalf negotiate and conclude any and all agreements as to wages, hours and other conditions of my employment. This full power and authority to act for the undersigned supersedes and cancels any power and authority heretofore given to any person or organization to represent me. I agree to be bound by the constitution and by-laws and the rules and regulations of the OHIO PATROLMEN'S BENEVOLENT ASSOCIATION.

I authorize my employer,..... to deduct from my pay initiation fees, dues and assessments and any other authorized sums in such amounts as may be certified to my employer by appropriate officers of the Association and to pay said amount over to the OHIO PATROLMEN'S BENEVOLENT ASSOCIATION. This full power and authority to deduct dues and other authorized sums from my pay in accordance with law supersedes and cancels power and authority heretofore given to any person or organization.

This authorization is to continue until withdrawn by me in accordance with law.

Name ..... Full Time Part Time (circle one)

Street .....

City ..... Zip .....

Classification — (circle one/two)			
Ptl	Deputy	CO	Sgt
LT	Disp	Other	_____

County of Residence ..... Tel. No. .... Cell No.....

Male/Female Date ..... Employer .....

(circle one)

Date of Birth ..... Signature.....

Email ..... Approved: .....