

INTEREST CARD



PROFESSIONAL LAW ENFORCEMENT ASSOCIATION
OF MIAMI DADE COUNTY
IUPA REGIONAL COUNCIL LOCAL 6024
WWW.PLEA315.COM • (305) 871-6997



I, THE UNDERSIGNED, HEREBY AUTHORIZE THE PROFESSIONAL LAW ENFORCEMENT ASSOCIATION OF MIAMI DADE COUNTY (P.L.E.A.), TO REPRESENT ME FOR THE PURPOSE OF COLLECTIVE BARGAINING WITH MY EMPLOYER, MIAMI-DADE COUNTY AND/OR ITS SUCCESSOR, AND TO SEEK AN ELECTION FOR THAT PURPOSE.

EMPLOYER _____
Full name of Agency (No abbreviations)

NAME _____
First Name, Last Name

PERSONAL EMAIL _____
DO NOT USE YOUR COUNTY EMAIL ADDRESS

CELL PHONE _____

RANK \ JOB CLASSIFICATION _____

SIGNATURE _____ DATE _____

**AFTER COMPLETING AND PRINTING THIS FORM PLEASE COME BY OUR OFFICE OR CALL US AT
(305) 871-6997 TO MAKE ARRAIGNMENTS TO HAVE IT PICKED UP.**