



## Law Enforcement Officers Security Unions LEOSU-DC

a division of the Law Enforcement Officers Security Unions (LEOSU)  
Affiliated with the Law Enforcement Officers Security & Police Benevolent Association (LEOS-PBA)

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Shift \_\_\_\_\_

Cell No \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Work Location \_\_\_\_\_

I hereby authorize my signature below to be used as a showing of interest and/or majority status for the purposes of self-organization in the exercise of my rights under federal law. I hereby authorize the Law Enforcement Officers Security Unions (LEOSU-DC) a division of the (LEOSU) National Union affiliated with the Law Enforcement Officers Security & Police Benevolent Association (LEOS-PBA) to represent me for the purposes of individual membership of mutual aid & protection, as well as collective bargaining with my employer and/or agency to improve wages, benefits and other working conditions of employment.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date Signed

**When Completed Stamp it and Drop it in the Mail. All Information will be Kept Strictly Confidential.**