



SHOW OF INTEREST FOR ELECTION OF EXCLUSIVE REPRESENTATIVE

I hereby authorize Police Officers Association of Michigan (POAM) to be my bargaining representative in all matters affecting wages, hours and conditions of employment. This card is confidential and will not be made available to any supervisor or my Employer.

Name (please print) _____ Date _____

Signature (do not print) _____

Street Address _____ City _____ Zip Code _____ Phone _____

I am employed by _____

Job Title _____ Department and/or Division _____

* Signing this card does not constitute a vote; nor does it bind you to membership. This card is required by the State and only authorizes an election to be conducted.

Please mail to:
P.O.A.M.
27056 Joy Road
Redford, MI 48239
Attn: Ed Jacques