

SHOW OF INTEREST FOR ELECTION OF EXCLUSIVE REPRESENTATION

I hereby authorize the 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 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.



For professional representation:

**COMPLETE THIS CARD
AND MAIL TODAY.**



**POLICE OFFICERS ASSN OF MICH
27056 JOY RD
REDFORD MI 48239-9946**

