



AUTHORIZATION FOR LABOR UNION DUES DEDUCTION

Fraternal Order of Police, Ohio Labor Council, Inc.
222 East Town Street, Columbus Ohio, 43215-4611
Telephone 800-367-6524

I, the undersigned, hereby authorize my Employer to check off and deduct from my payroll an amount equal to dues, remitting directly to the F.O.P. Ohio Labor Council, Inc.

(PLEASE PRINT)

Place of Employment

Name

Home Address

City

Zip

Home Phone

Mobile Phone

Email Address

Classification

Department

Signature

Date

Mail this original to FOP/OLC. This card is kept Confidential.



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Present this original to your auditor.