



**AUTHORIZATION FOR LABOR UNION REPRESENTATION**

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

I, the undersigned, designate the Fraternal Order of Police, Ohio Labor Council as my duly authorized representative on all matters relating to my wages, hours and conditions of employment in order to promote and protect my economic welfare.

(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.**