



Membership Information

PBLC ♦ 840 S. Spring St., Suite A ♦ Springfield, IL 62704
217-523-5141 ♦ www.pbpc.org

Please Print Legibly

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____ Work Phone: _____

Email (non-work): _____

Employer: _____

Job Title: _____

Membership and Dues Authorization

I hereby authorize the Policemen's Benevolent Labor Committee (the "Union") to act as my exclusive bargaining representative in collective bargaining over wages, hours, and other terms and conditions of employment with my employer. My membership in the Union shall be continuous unless resigned pursuant to the Union's Termination of Membership procedure.* I understand and acknowledge that this membership allows the Union to protect my employment rights and to represent me in such matters. I further understand and acknowledge that Union membership is required for me to be eligible for member benefits including Legal Defense Plan coverage for critical incidents, internal investigations, disciplinary proceedings, and other matters described in the Legal Defense Plan Document.**

I hereby voluntarily authorize the regular monthly deduction of dues and assessments as may be certified by the Union and direct my employer to forward those amounts to the Union in a timely manner. Such dues shall be deducted each pay period and remitted to the Policemen's Benevolent Labor Committee.

Signature: _____ Date: _____

IRS Disclaimer: Payments to the Union may be tax deductible as ordinary and necessary business expenses, however, they are not deductible as charitable donations for federal income tax purposes. Telephone Consumer Protection Act Statement: By providing my cell phone number, I understand that the Union and its affiliates may use automated calling technologies and/or text message me on my cell phone on a periodic basis, and that I can unsubscribe from these messages. The Union will never charge for text message alerts; carrier message and data rates may apply to such texts. The Union will never sell your information or release it to any 3rd party for commercial purposes.

*See www.pbpa.org for further detail.

**See www.pbpa.org to view the plan document.

Submit a copy of this form to: PBLC (via email at office@pbpa.org; Fax: 217-523-7677; or mail at address above); Payroll; and Unit Leadership.