



COLLECTIVE BARGAINING AUTHORIZATION



I, _____

(PRINT NAME)

hereby express my desire to be represented by the
FLORIDA STATE LODGE
FRATERNAL ORDER OF POLICE
for the purposes of collectively bargaining with my employer,

the _____

(NAME OF EMPLOYER)

pursuant to Chapter 447, Part II, Florida Statutes

(SIGNATURE)

(DATE SIGNED)

(FOP RANK OR DESIGNATION)