



MEMBERSHIP INTEREST CARD

NATIONAL UNION of PROTECTIVE SERVICES ASSOCIATIONS

8150 MONROE STREET NE • WASHINGTON, DC 20018 • TELEPHONE: (202) 635-4206 FAX: (202) 635-4207 • NUPSA.NET

I, the undersigned, do hereby apply for membership in the *National Union of Protective Services Associations* (“the Union”) and or designate to act as sole agent on all matters affecting my employment, wages, hours, and working conditions, including matters under the Fair Labor Standard Act, with:

_____ (Name of Employer and/or its successor)

I further consent to the use of this application as evidence that the Union/Association represents a majority of employees in any bargaining unit. I am applying for membership of my own free will and without inducement, insistence, or coercion by any officer or authorized representative of the Union/Association.

Date: _____

Rank: _____

Name: _____ Social Security Number: _____

(Please Print Clearly)

(Last Four)

Address: _____

(Number and Street)

City: _____ State: _____ Zip Code: _____

Home/Cell Phone: _____ Work Phone: _____ Email: _____

Signature: _____ Witness: _____