

## Interest Card

I, the undersigned, hereby authorize the **Professional Law Enforcement Association of Miami Dade County (PLEA)**, to represent me for the purpose of collective bargaining with my employer, Miami-Dade County, and to seek an election for that purpose.

**Name (PRINT):** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Personal Email:** \_\_\_\_\_

**Work Location:** \_\_\_\_\_

**Rank/Job Classification:** \_\_\_\_\_ **Shift:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_