



**POLICEMEN'S BENEVOLENT & PROTECTIVE ASSOCIATION
LABOR COMMITTEE**

840 South Spring Street, Suite A
Springfield, Illinois 62704
217/523-5141 • Fax: 217/523-7677

OFFICIAL DUES DEDUCTION FORM

I, the undersigned, hereby authorize the regular monthly deduction of dues and assessments as may be levied from time to time by the Policemen's Benevolent Labor Committee. Said dues, to be deducted twice per month, shall be remitted and made payable to the Policemen's Benevolent Labor Committee at 840 South Spring Street, Suite A, Springfield, Illinois 62704. Any objection to said dues may be processed through the Illinois State Labor Relations Board pursuant to the Board's Rules and Regulation. The Labor Committee certifies that all dues and assessments will be utilized for the sole purpose of collective bargaining, contract administration, and/or the legal defense of its members. The Labor Committee further certifies that the full amount of fair share dues covers only the cost of collective bargaining and contract administration.

_____ Full membership @ \$38.00 per month

_____ Fair share @ \$38.00 per month

Signature: _____

Print name: _____

Date: _____

Unit Name: _____