

BARGAINING AGENT AUTHORIZATION CARD

TO WHOM IT MAY CONCERN:

As an employee of Lucas County, I, _____, hereby request and authorize the _____ (Please Print)

LUCAS COUNTY DEPUTY SHERIFFS ASSOCIATION

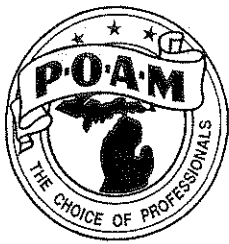
to bargain on my behalf with respect to wages, hours, and other terms and conditions of employment.

Signing this card does not constitute a vote; nor does it bind you to membership; and only authorizes an election to be conducted.

This card is confidential and will not be made available to any supervisor or employer.

I am employed Full-time Part-time

Signed: _____ Job Title: _____ Date: _____



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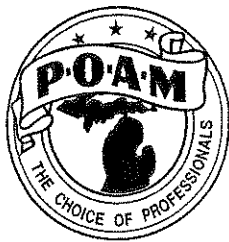
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