

International Union, Security, Police and Fire Professionals of America (SPFPA)

Name _____ Job Title _____
(PRINT)

Address _____ Home Phone _____

City _____ State _____ Zip _____ Shift _____

Email _____ Cell Phone _____

Employer _____

Work Location _____

I hereby authorize the International Union, Security, Police and Fire Professionals of America (SPFPA) to represent me for the purposes of collective bargaining to improve wages, benefits and working conditions.

Applicant's Signature

Date Signed



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