




OHIO PATROLMEN'S BENEVOLENT ASSOCIATION

MEMBERSHIP APPLICATION

I hereby request and accept membership in the Ohio Patrolmen's Benevolent Association ("Association") and authorize the Association to represent me and on my behalf negotiate and conclude any and all agreements as to wages, hours and other terms and conditions of my employment. I agree that my membership shall be in accordance with and I will be bound by the provisions of the Association Constitution and By-Laws. This full power and authority supersedes and cancels any and all prior agreement cards or authority heretofore given to any person or organization to represent me. I understand that I have a right to retain employment without joining the Association. It is further agreed that my membership may be revoked by me by giving written notice of my desire to withdraw from union membership to the Association. I understand this Membership Agreement is separate from my payroll deduction agreement set forth below.

Signature:  Date: Feb 18, 2023

AUTHORIZATION/AGREEMENT FOR DUES DEDUCTION

Effective immediately, I Matthew Bryan Wirman, hereby voluntarily consent, authorize and direct my employer to deduct from my pay each pay period, or such other period as set forth in the applicable collective bargaining agreement, the amount of initiation fees, dues or assessments and any other authorized sums in such amounts as may be certified to my employer by the Association. I authorize my employer to pay said amounts to the Association. These sums may be adjusted periodically by the Association. This full power and authority supersedes and cancels any and all prior agreement cards or payroll deduction authority heretofore given to any person or organization. This voluntary consent, authorization and agreement shall continue, regardless of whether I am or remain a member of the Association, for a period of one year from the date of execution and for each year to year thereafter, unless I give the Employer and the Association written notice of revocation. To be valid, written notice of revocation must be provided to the Employer and the Association between June 1 and June 30 of any year; however, if my applicable collective bargaining agreement specifies an annual revocation window period of a different period, then only the window period in the collective bargaining agreement shall apply.

I recognize that my consent and authorization of dues deductions, and the continuation of such authorization from one year to the next, is voluntary and not a condition of my employment. I understand that I have a right to retain employment without paying Association dues.

Name: Matthew Bryan Wirman
Street: 3611 West 8th Street
City: Cincinnati Zip: 45205

Full-time <input checked="" type="checkbox"/>	Part-time <input type="checkbox"/>	(check one)	
Job Title (check one or two)			
Ptl. <input type="checkbox"/>	Deputy <input type="checkbox"/>	C.O. <input type="checkbox"/>	Sgt. <input type="checkbox"/>
LT. <input type="checkbox"/>	Disp. <input type="checkbox"/>	Other	<u>Officer II</u>

County of Residence: Hamilton Tel. No.: null Cell No.: 808-226-9024

Male Female DOB: 10MAR1972 Employer: UC Health Llc.

Email: matthew@wirman.org

Signature:  Date: Feb 18, 2023