

STATE OF KANSAS
DEPARTMENT OF LABOR

MEMBERSHIP ROSTER

This is to certify that the below listed individuals are professional employees of _____
_____ and are members of _____
_____ a professional employees'
organization under K.S.A. 72-5413 et seq.

NAME (please print)	ADDRESS	DATE	NAME (signature)

This is to certify that the above signed individuals are members of _____

By: _____ (Title)

DATE: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

SEAL

Notary Public
My Commission Expires _____