

United Food & Commercial Workers International Union

Affiliated with AFL-CIO-CLC

AUTHORIZATION FOR REPRESENTATION

I hereby authorize the United Food & Commercial Workers International Union, AFL-CIO-CLC, or its chartered Local Union(s) to represent me for the purpose of collective bargaining.

(Print Name) _____ (Date) _____
(Signature) _____ (Home Phone) _____
(Home Address) _____ (City) _____ (State) _____ (Zip) _____
(Employer's Name) _____ (Address) _____
(Hire Date) _____ (Type Work Performed) _____ (Department) _____
Day Shift _____ Night Shift _____ Full Time _____ Part-Time _____
(Hourly Rate) _____ (Day Off) _____
Would you participate in an organizing committee? Yes _____ No _____

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