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 the for the purpose of collective bargaining.

	(Print Name)			(Date)
	(Signature)	No. of the	W 131	(Home Pi	hone)
(Home Address)	1100	(City)		(State)	(Zlp)
(Employer's		Carrie Carre	0.5	(Address)	
(Hire Date)		e Work Perform	od) Full	(Departm	ent)
	Day Shift	Night Shift	_ Time _	Part- Time _	
ourly Rate) (Day Off) uld you participate in		:	Yes	No	6 %

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(1	Print Name)			(Date)
	(Signature)	Washington S.		(Home P	hone)
(Home Address)	1100	(City)		(State)	(ZIp)
(Employer's N	lame)			(Address)	
(Hire Date)	(Тур	e Work Performe	d)	(Departm	nent)
	Day Shift	Night Shift	Full Time _	Part- Time _	_
ourly Rate) (Day Off) uld you participate in a	n organizing	committee?	Yes	No	

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	(Print Name)			(Date)	
	(Signature)	Walter St.		(Home Ph	ione)
(Home Address)	Mr. M	(City)		(State)	(ZIp)
(Employer's	Name)	Op.		(Address)	
(Hire Date)	(Тур	e Work Performe	d)	(Departm	ent)
	Day Shift	Night Shift	Full Time _	Part- Time	_
ourly Rate) (Day Off) uld you participate in	an organizing	committee?	Yes	No	60KG

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or its chartered Local Union(s) to represent me for the purpose of collective bargaining.

AUTHORIZATION FOR REPRESENTATION

1 hereby authorize the United Food & Commercial Workers International Union, AFL-CIO-CLC,

(P	rint Name)			(Date	9)
	Signature)			(Home P	hone)
(Home Address)	11:31	(City)		(State)	(Zlp)
(Employer's N	ame)			(Address)	
(Hire Date)	(Tyr	e Work Performe	d)	(Departn	nent)
	Day Shift	Night Shift	Full Time	Part- Time	

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	(Print Name)			(Date))
	(Signature)	Visit 1		(Home Pi	none)
(Home Address)	1131	(City)		(State)	(ZIp)
(Employer's	Name)	OF THE PARTY		(Address)	
(Hire Date)	(Тур	e Work Performe	od)	(Departm	ent)
	Day	Night	Full	Part-	
Hourly Rate) (Day Off)	Shift	_ Shift	_ Time _	Time _	
ould you participate in	an organizing	committee?	Yes	No	6 %

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	(Print Name)			(Date	»)
	(Signature)	No. of		(Home P	hone)
(Home Address)	100	(City)		(State)	(Zlp)
(Employer's			N. W. W.	(Address)	
(Hire Date)	(Тур	e Work Performe	od)	(Departm	nent)
	Day Shift	Night Shift	Full Time _	Part- Time _	
ourly Rate) (Day Off) ald you participate in	an organizing	committee?	Yes	No _	6 4%