



Authorization for Representation

I authorize a local union of the International Brotherhood of Electrical Workers® to represent me in collective bargaining with my employer.

Name

(Please Print – First, Middle, Last)

Home Address

City State Zip

Home Phone Email

Employee #

Employer.....

Department Shift: 1st 2nd 3rd

Manager Work Location.....

Job Title

.....
Date of Authorization

.....
Signature