



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 E-mail.....

Employee #

Employer.....

Department Shift: 1st 2nd 3rd

Manager Work Location.....

Job Title

.....
Date of Authorization Signature

Form 141E/S Revised 9/05

