

REPRESENTATION AUTHORIZATION

I AM AN EMPLOYEE OF _____

Job Classification _____ Dept. _____ Shift _____

HOME ADDRESS _____

CITY _____ ZIP CODE _____

I Authorize TEAMSTERS LOCAL UNION NO. 413, affiliated with the International Brotherhood of Teamsters, to represent me in negotiations for better wages, hours and working conditions.

BE SURE YOU DATE AND SIGN THIS CARD Phone (_____) _____

Signature _____

Print name _____

Date _____