

Please print and complete the following form.

Place it in an envelope with no return address and mail it to:

ICWUC Organizing Department
1655 West Market St., 6th floor
Akron, OH 44313

**Authorization for Representation Under the National Labor Relations Act
and/or Any State Law Governing Worker Unionization**

I, the undersigned, employee of

Employer

Address of Employer

authorize the UFCW or its designated International Chemical Workers Union Council or local union to represent me in all matters relating to collective bargaining. This authorization supersedes any similar authority previously given to any person or organization.

Name _____ Date _____

Signature (required) _____ Home Phone _____ Cell Phone _____

Home Address _____ City _____ State _____ Zip _____

Hire Date _____ Department _____ and Commercial Workers _____ Job Title _____
International Union

Email Address _____

A Council of the

International Chemical Workers Union

UFCW Local 1000

