Please print and complete the following form.

Place it in an envelope with no return address.

Affix a postage stamp to the envelope in the top left corner.

Mail the envelope containing your authorization card and affixed postage to:

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

		Unioniza	tion	
	I, the undersigned, employee of			
	Employer		_	
	Address of Employer			
Name	tion supersedes any similar authority previously given to an		ganzaton.	
Name		te		
Signature (required)	International C Home Phone		Cell Phone	
		State	Cell Phone	