

# Authorization for Representation

*I authorize a local union of the IBEW® to represent me in collective bargaining with my employer.*

Name .....  
(Please Print - First, Middle, Last)

Home Address .....

City ..... State ..... Zip .....

Home Phone ..... E-mail .....

Employer ..... Location .....

Department ..... Manager .....

Job Title ..... Shift: 1st  2nd  3rd

.....  
Date of Authorization

.....  
Signature

Form 141 E/S rev. 2/10

