**THE INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS**

**Local #529**

**Authorization for Representation**

**I Hereby authorize Local Union No.529 of The International Brotherhood of Electrical Workers, to represent me in collective bargaining with my employer.**

|  |
| --- |
| **Print Name** |
|  |
| **Address** | **Phone** |
| **City/Town** | **Province** |
| **Postal Code** |  |
| **Classification** |  |
| **Employer** |
| **Day** | **Month**  | **Year** |
|  |  |  |
| **Signature**  |