**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** | | | |