



**ORGANIZING  
REPRESENTATION AUTHORIZATION CARD**

NAME: \_\_\_\_\_  
(Please Print) First Middle Last

Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State ZIP

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I am an Employee of \_\_\_\_\_

Job Title \_\_\_\_\_ Department \_\_\_\_\_ Section \_\_\_\_\_

and I hereby designate the **Communications Workers of America** as my collective bargaining representative.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**REPRESENTATION AUTHORIZATION**

**Form 0-100**  
Rev. 04/16