Authorization For Representation



I, the undersigned employee of (Company)	
conditions. I further understand that the sign	me in negotiations for better wages, hours, and working ning of this authorization is the same as a vote for the ocal 399 may become the barginning agent and Union at
My signature is set below, free of any coercion or intimidation from any source and with full knowledge and understanding of its contents.	
Print Name:	Date:
Address:	Phone: ()
City:	Zip Code:
Email:	
Rate Pay:	Kind of Work:
PUIS CADO IS STRICTI V CONFIDENTIAI	Signature:

PLEASE FILL OUT CARD AND MAIL BACK TO:

TEAMSTERS LOCAL 399 (ORGANIZING COMMITTEE) PO BOX 6017 NORTH HOLLYWOOD, CALIFORNIA 91603

Please note this card is strictly confidential. Your employer will NEVER be made aware of your signing and your information WILL NOT be shared.

If you have any questions, please contact the Union Hall at: (818) 985 - 7374 or email Office@ht399.org.

