

**ORGANIZING
REPRESENTATION AUTHORIZATION CARD (0-100)**

<u>COMMUNICATIONS WORKERS OF AMERICA, A.F.L.-C.I.O.</u>			
NAME _____			
(Please Print)	First	Middle	Last
Address _____			
Street			
City _____		State _____	Zip Code _____
Work Telephone Number _____		Home Telephone Number _____	
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 _____	
Form 0-100		REPRESENTATION AUTHORIZATION	