

AUTHORIZATION FOR REPRESENTATION

INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES, MOVING PICTURE TECHNICIANS, ARTISTS AND ALLIED CRAFTS OF THE UNITED STATES AND CANADA, AFL-CIO-CLC (IATSE)

Designation of Collective Bargaining Representative and Application for Membership

I hereby authorize International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States and Canada, AFL-CIO, CLC (IATSE) and Local _____, IATSE to represent me for the purpose of collective bargaining in matters of wages, hours, and other terms and conditions of employment with my current employer as set forth below as well as all other employers for whom I may become employed after the date set forth below on all present and future job sites. I understand this authorization card may be used to obtain recognition from my current or future employer without an election. I further understand that this authorization shall not expire until such time as I revoke it in writing.

NAME: _____
(Print Employee's Name)

Signature of Employee: _____

Social Security Number: _____

Date Signed: _____ Witness: _____

Place Signed: _____

Employee Home Address: _____

City: _____ State: _____

Telephone: _____ Cell: _____

Current Employer: _____

Job Classification with Current Employer: _____

If application for membership in Local No. _____ is also being made, sign here:
