

# Transport Workers Union of America, AFL-CIO

Please  
Print  
Clearly

I hereby authorize the Transport Workers Union of America, AFL-CIO to represent me for the purpose of collective bargaining with my employer. I understand that the T.W.U. may make use of this card to obtain recognition from my employer as a collective bargaining representative either through a card count or through an election conducted by the Florida State Public Employees Commission (PERC) or through any other lawful means.

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Employed By \_\_\_\_\_ How Long \_\_\_\_\_ Job Title \_\_\_\_\_

Date \_\_\_\_\_ Sign Here \_\_\_\_\_

*signature is required for card to count*

Email \_\_\_\_\_