

AUTHORIZATION FOR REPRESENTATION

**INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES, MOVING
PICTURE TECHNICIANS, ARTISTS AND ALLIED CRAFTS OF THE UNITED STATES,
ITS TERRITORIES AND CANADA, AFL-CIO, CLC**

Designation of Collective Bargaining Representative and Application for Membership

I, _____ (print employee's name) _____ (telephone)
of _____ (print street address, city, zip)

(classification) (cell phone) (email address)

hereby authorize International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada, AFL-CIO, CLC to represent me for the purpose of collective bargaining with my employer, _____ and to negotiate and conclude all agreements respecting wages, hours and other terms and conditions of employment. I understand that this card can be used by the Union to obtain recognition from my employer without an election, and I hereby also apply for membership in the above named Union.

Date: _____ SS# _____
(month/day/year) (last 4 digits of social security number)

Signed: _____
(signature of employee)

Rec'd by: _____

NOTE: READ BEFORE SIGN-