

# 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 SIGNING