

## AUTHORIZATION FOR REPRESENTATION

### INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES, MOVING PICTURE TECHNICIANS, ARTISTS AND ALLIED CRAFTS OF THE UNITED STATES ITS TERRITORIES AND CANADA, AFL-CIO-CLC [IATSE]

#### Designation of Collective Bargaining Representation and Application for Membership

I hereby authorize International Alliance of Theatrical Stage Employes, Moving Picture Technicians, Artists and Allied Crafts of the United States its Territories and Canada, AFL-CIO, CLC [IATSE] and Local No. 491, IATSE to represent me for the purposes 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 election. I further understand that this authorization shall not expire until such time as I revoke it in writing.

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. 491 is also being made, sign here:

\_\_\_\_\_