

## Authorization for Representation

*I authorize a local union of the IBEW® to represent me in collective bargaining with my employer.*

Name .....

(Please Print - First, Middle, Last)

Home Address .....

City ..... State ..... Zip .....

Home Phone..... E-mail .....

Employer..... Location .....

Department..... Manager .....

Job Title..... Shift: 1st  2nd  3rd

.....  
Date of Authorization

.....  
Signature

Form 141 E/S rev. 2/10



**Please send your signed Authorization Card to:**

IBEW Local Union 21  
1307 Butterfield Road  
Suite 422  
Downers Grove, IL 60515

Attention: Business Representative Dave Webster