



AUTHORIZATION FOR REPRESENTATION

I, the undersigned employee of _____
Company

Address of Company

authorize the UNITED MINE WORKERS OF AMERICA TO represent me as exclusive collective bargaining agent in all matters pertaining to wages, hours, terms, and conditions of employment. This authorization cancels any similar authority previously given any other person or organization.

Name

Class of Work

Home Address

Shift

City State Zip

Hourly Rate

Phone Number

E-mail Address

Signature

Date