National Organization of Legal Services Workers PO Box 5278, Old Bridge, NJ 08857		
lame	Home Phon	e
Im Address	City	StZip
Vorkplace	Job Title	Dept
Vk Address	Rm/F	loor Work Phone
lire Date	Social Security #	Salary
Vk Email	Hm E	mail
	workers in organizing to better our wages, or W., to be my representative in collective barg	ur working conditions and our lives. I want laining for wages, hours and working conditions.
Date	_Signature	
ssessments (if a		hip dues in said Union as may be m me during the effective period of
his authorization otice signed by egistered mail, re han fifty (50) day ollective bargain	n may be revoked by me as of an me of such revocation, received aturn receipt requested, not more s, before any such anniversary da	by my Employer and the Union, by than sixty (60) days and not less ate, or on termination date of the
This authorization lotice signed by egistered mail, re han fifty (50) day collective bargain ermination date,	n may be revoked by me as of an me of such revocation, received aturn receipt requested, not more s, before any such anniversary da ing agreement covering my empl	by my Employer and the Union, by than sixty (60) days and not less ate, or on termination date of the
This authorization notice signed by egistered mail, re han fifty (50) day collective bargain ermination date,	n may be revoked by me as of an me of such revocation, received aturn receipt requested, not more s, before any such anniversary da ing agreement covering my empl	e than sixty (60) days and not less ate, or on termination date of the loyment, by like notice prior to such
This authorization notice signed by egistered mail, re han fifty (50) day collective bargain ermination date,	n may be revoked by me as of an me of such revocation, received l aturn receipt requested, not more s, before any such anniversary da ing agreement covering my empl whichever occurs the sooner.	by my Employer and the Union, by than sixty (60) days and not less ate, or on termination date of the loyment, by like notice prior to such
This authorization notice signed by egistered mail, re- han fifty (50) day collective bargain ermination date, Bignature Date Print Name hereby authorize o the Union on n issessments (if a	a may be revoked by me as of an me of such revocation, received l eturn receipt requested, not more s, before any such anniversary da ing agreement covering my empl whichever occurs the sooner. Social Security # Social Security # e and direct my employer to dedu otice from the Union such amour ny owing by me) as my members e Union and become due to it fro	by my Employer and the Union, by than sixty (60) days and not less ate, or on termination date of the loyment, by like notice prior to such
This authorization lotice signed by egistered mail, re- han fifty (50) day collective bargain ermination date, Bignature Date Date Print Name hereby authorize to the Union on n issessments (if a established by the his authorization "his authorization" otice signed by egistered mail, re- han fifty (50) day collective bargain	a may be revoked by me as of an me of such revocation, received l aturn receipt requested, not more s, before any such anniversary da ing agreement covering my empl whichever occurs the sooner. Social Security # e and direct my employer to dedu otice from the Union such amour ny owing by me) as my members e Union and become due to it fro may be revoked by me as of an me of such revocation, received l aturn receipt requested, not more s, before any such anniversary da	by my Employer and the Union, by a than sixty (60) days and not less ate, or on termination date of the loyment, by like notice prior to such uct from my wages and to pay over nts including initiation fees and ship dues in said Union as may be om me during the effective period of y anniversary date hereof by written by my Employer and the Union, by a than sixty (60) days and not less ate, or on termination date of the
This authorization notice signed by egistered mail, re- han fifty (50) day collective bargain ermination date, Bignature Date Date Print Name Date Date Print Name Date	a may be revoked by me as of an me of such revocation, received l aturn receipt requested, not more s, before any such anniversary da ing agreement covering my empl whichever occurs the sooner. Social Security # e and direct my employer to dedu otice from the Union such amour ny owing by me) as my members e Union and become due to it fro me of such revocation, received l aturn receipt requested, not more s, before any such anniversary da ing agreement covering my employer	by my Employer and the Union, by a than sixty (60) days and not less ate, or on termination date of the loyment, by like notice prior to such uct from my wages and to pay over nts including initiation fees and ship dues in said Union as may be om me during the effective period of y anniversary date hereof by written by my Employer and the Union, by a than sixty (60) days and not less ate, or on termination date of the loyment, by like notice prior to such