

workers  
united

**WORKERS UNITED ORGANIZING CARD**



I hereby accept membership in WORKERS UNITED and authorize WORKERS UNITED to represent me in negotiations with my employer about wages, hours and all other conditions of employment.

I authorize my employer to deduct from my wages, weekly, a charge equal to the dues WORKERS UNITED members pay, regardless of my membership status in the union, and to remit that charge to WORKERS UNITED or as it shall direct.

This authorization shall be irrevocable for one year from the date signed below, or until the expiration of WORKERS UNITED's contract with my employer, whichever is sooner, and shall be automatically renewed for successive one year periods from the date signed below. I can revoke this authorization only by sending written notice by registered mail to my employer and to WORKERS UNITED not more than 20 days and not less than 10 days: 1) before the expiration of each yearly period, or 2) before the expiration of WORKERS UNITED's contract with my employer.

I hereby withdraw from UNITE HERE and repudiate any prior authorizations I have signed, including any designations of UNITE HERE or UNITE or HERE as my collective bargaining representative.

Name (Please print your name here)

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Social Security #

Phone (    )    -

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Address

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City

State

ZIP

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E-mail

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Employer

Job Shift

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Department

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(Please sign here)

SIGNATURE

DATE