



SHOW OF INTEREST FOR
REPRESENTATION

ELECTION OF EXCLUSIVE

I hereby authorize the Technical, Professional and Officeworkers Association of Michigan (TPOAM) to be my bargaining representative in all matters affecting wages, hours and conditions of employment. This card is confidential and will not be made available to any supervisor of my employer.

Name (please print)

Date

Signature (do not print)

Street Address

City

Zip Code

Phone

I am employed by

Job Title

Department and/or Division

* Signing this card does not constitute a vote; nor does it bind you to membership. This card is required by the State and only authorizes an election to be conducted.

Please mail to:
T.P.O.A.M.
27056 Joy Road
Redford, MI 48239
Attn: Ed Jacques