

AUTHORIZATION CARD

AFSCME Council 5
300 Hardman Ave South
South St. Paul, MN 55075



I hereby authorize the employee-named above organization to represent me in matters relating to my terms and conditions of employment.

PLEASE PRINT

Last Name

Middle Initial

First Name

Address

Cell Phone Number

City

State

ZIP Code

Personal Email Address

Division/Department/Job Classification (***Job Classification Required**)

Employer Name

Signature

Date Signed

