

Designation of Representative Form: City of Jacksonville, FL

In union with my fellow City of Jacksonville co-workers, I wish to be represented by the Communications Workers of America ("CWA") for purposes of collective bargaining regarding my wages, hours of work, and any other conditions of employment. I hereby designate CWA as my collective bargaining representative. If eligible for membership in CWA, I will provide all information and execute all forms required for membership.

(Print Name)

(Signature)

(Date)

(Job Title)

(Worksite Location)

CONTACT INFORMATION (Please Print):

(Personal Phone)

(Personal E-mail)