

UNION AUTHORIZATION CARD

I desire to be represented by the Union of American Physicians and Dentists (UAPD) for the purposes of meeting and negotiating or meeting and conferring on wages, hours and other terms and conditions of employment with my employer, the University of California.

Print Name

Date

Job Title or Classification

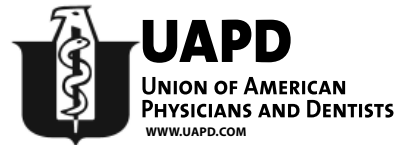
Signature

Workplace

Home Address

Home or Cell Phone(s)

Personal (Non-Work) Email



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