

IAM Authorization Card (A-Card)

Fill out and mail to:

IAM Transportation Department
9000 Machinists Place
Upper Marlboro, MD 20772

Please print and sign legibly!
Thank you!



Yes, I Want the IAM

I, the undersigned employee of _____, hereby authorize the International Association of Machinists and Aerospace Workers (IAM) to represent me for purposes of collective bargaining and to negotiate all agreements as to hours of labor, wages and other conditions of employment.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Employee#: _____

Classification: _____ Location: _____

Sign: _____ **Date:** _____

NOTE: THIS AUTHORIZATION CARD **MUST BE SIGNED AND DATED IN THE EMPLOYEE'S OWN HANDWRITING.** YOUR RIGHT TO SIGN THIS CARD IS PROTECTED UNDER FEDERAL LAW.

