



Professional Managers and Supervisors Association
Authorization for Union Membership and Representation

I hereby apply for membership in the Professional Managers and Supervisors Association (PMSA), FPD, NUHHCE, AFSCME, AFL-CIO (hereafter "Union") and I agree to abide by its Constitution and Bylaws. By this application, I authorize the Union, and its successors or assigns, to function as my exclusive bargaining representative for purposes of collective bargaining and with respect to wages, hours and other terms and conditions of employment with my Employer.

This voluntary authorization and assignment shall continue until revoked at my request upon 30 days' written notice to the Union; the termination of my employment; or my transfer, promotion, or demotion out of this bargaining unit. This card is voluntary and supersedes any prior authorization card I signed. To be considered a member in good standing, the dues assessed by the Union must be current. The applicable collective bargaining agreement is available for review upon request. As required by Florida Law:

The State of Florida is a right-to-work state. Membership or non-membership in a labor union is not required as a condition of employment, and union membership and payment of dues and assessments are voluntary. Each person has the right to join and pay dues to a labor union or refrain from joining and paying dues to a labor union. No employee may be discriminated against in any manner for joining and financially supporting a labor union or for refusing to join or financially support a labor union.

PLEASE PRINT CLEARLY:

Last Name _____ First Name _____ MI _____

Address _____ City _____ ST _____ Zip _____

Personal Email: _____

Employer: _____ Work Address _____

Job Title _____ Department _____ Grade _____

Cell Phone: _____ Work Phone _____

By providing my cell phone number I consent to receive calls (including recorded or autodialed calls or texts) at that number from the Union and its affiliated labor, political or charitable organizations on any subject matter. My carrier's rates may apply. I may modify my preferences by texting STOP at any time or by emailing the Union at fpd.unionfpd.org.

Print Name: _____ Signature: _____ Date: _____

PRINT, SIGN, DATE, SCAN & RETURN TO: fpd.unionfpd.org **OR** your local Union leader

Organizer Name (If applicable) _____ Date _____