



SHOW OF INTEREST FOR ELECTION OF EXCLUSIVE REPRESENTATION

I hereby authorize the Technical, Professional and Officeworkers Association of Michigan (TPOAM) to be my bargaining representative in all matters affecting wages, hours and conditions of employment. This card is confidential and will not be made available to any supervisor of my employer.

\_\_\_\_\_  
Name (please print) email address

\_\_\_\_\_  
Signature (do not print) phone #

\_\_\_\_\_  
Street Address City Zip Code

\_\_\_\_\_  
I am employed by full or part-time

\_\_\_\_\_  
Job Title Department and/or Division Date

\* Signing this card does not constitute a vote; nor does it bind you to membership. This card is required by the State and only authorizes an election to be conducted.

Please mail to:  
T.P.O.A.M.  
27056 Joy Road  
Redford, MI 48239  
Attn: Ed Jacques