

PELRB Form 15 Interest Card

“I authorize _____ as my exclusive collective bargaining representative and I accept membership in _____

Signature: _____ Date: _____

Name (Print) _____ SSN: (Last 4 digits) _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Home e-mail _____

Worksite Location: _____ Employer: _____

Job Title: _____ Work Hours: _____ AM/PM to
_____ AM/PM