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Philadelphia, PA Area Local



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REQUEST FOR UNION REPRESENTATION

At _____, I, respectfully, requested Union Representation,
(Time)
immediately, on _____
(Date)

REQUEST RECEIVED BY:

Signature: _____ Date _____ Time: _____

Title: _____

Station/Facility: _____

Print Name: _____

Signature: _____

FULL EIN#: _____

Please give this form to your APWU Steward, Chief Steward or FAX to the Union Office at (610) 522-4533.