



I, the undersigned, authorize Fairfax Workers Coalition, (FWC) to represent me as my exclusive bargaining agent with my employer, Fairfax County Government.

NAME: Click or tap here to enter text.

PHONE: Click or tap here to enter text.

ADDRESS: Click or tap here to enter text.

CITY: Click or tap here to enter text. STATE/ZIP: Click or tap here to enter text.

EMAIL: Click or tap here to enter text.

JOB TITLE (optional): Click or tap here to enter text.

AGENCY (optional): Click or tap here to enter text.

SIGNATURE: *Click or tap here to enter text.* DATE: Click or tap here to enter text.

Yes, I would like to be part of the FWC organizing committee.

When complete save it on your computer and email to fairfaxworkerscoalition@outlook.com

It can also be scanned and sent to the email address OR take a photo and send to 703-401-3131.