



If you do not wish to join any union at this time but want a choice in who represents you in an upcoming election, please complete the intent card listed below. If you wish to join FWC please complete the application at the bottom of this page. If you decide to join, your membership application will serve as your intent to have FWC represent you in collective bargaining.

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

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Agency (optional): _____ Job Title (optional): _____

Fairfax Workers Coalition Authorization for Deduction of Dues Active County Employees

I, the undersigned, hereby apply for membership in the Fairfax Workers' Coalition (FWC) as my duly authorized representative on matters relating to my workplace issues, pay, benefits, retirement and health care. Please consider this your authority to abide by the Constitution and By Laws of FWC.

I hereby authorize my employer, the Fairfax County government, to deduct from my earnings the current dues of \$10 per pay period, only subject to change by an open membership vote in accordance with FWC's Constitution and By Laws.

Name: _____ Agency/Focus ID (last 4 of SS#): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone (home): _____ Phone (mobile): _____

Email Address: _____

Signature: _____ Date: _____

WELCOME TO YOUR INDEPENDENT VOICE FOR FAIRFAX COUNTY WORKERS!

FOR USE BY FFXWC OFFICIAL

I hereby certify that the regular dues of this organization for the above named member are currently established at \$10.00 biweekly.

Please scan and email to fairfaxworkerscoalition@outlook.com or photo and

SIGNATURE AND TITLE OF AUTHORIZED UNION OFFICIAL

DATE

Please scan and email to fairfaxworkerscoalition@outlook.com or take picture and send to 703-401-3131