



# SHOWING OF INTEREST

The undersigned desire to have \_\_\_\_\_ as their exclusive bargaining representative.

*(This form may be duplicated if additional space is needed.)*

	Printed Name	Signature	Job Title	Date	Email Address
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					