



WA INTERPRETERS

Language Access Providers: *It's time for a union that puts us first!*

Last Name

First Name

Mailing address

City

State

Zip

Home phone

Cell phone

Email address

I am a spoken language interpreter for (check all that apply):

Dept. of Labor and Industries

Dept. of Social and Health Services

Dept. of Children, Youth and Families

Health Care Authority

I wish to designate WA INTERPRETERS as my exclusive bargaining representative for the purposes of collective bargaining with the State of Washington.

Signature

Date

Almost there! Return this form by:

- Texting a picture of the completed form to: (206) 385-3287
- Emailing a picture of the completed form to: independentniunion@wainterpreters.org
- Mailing the completed form to: P.O. Box 345, Auburn, WA 98071