



## BARGAINING AUTHORIZATION

The undersigned hereby appoints the **Arizona Mechanical Contractors Association (AMCA)** to act as its exclusive bargaining agent on a multi-employer basis as to all matters relating to wages, hours, terms and conditions of employment as well as any permissive bargaining subjects for unions.

This appointment confers exclusive bargaining authority to the Association including but not limited to:

The negotiation, execution, modification and extension, including mid-term re-openers or voluntary re-openers, of the collective bargaining agreement binding on the undersigned and on all other contractors who have executed similar authorizations in favor of the **AMCA**.

The negotiation, execution, and amendment of trust agreements in conformity with applicable law.

The delegation by the Association of the authority to negotiate and administer trust fund benefit plans to the fund trustees.

Any and all other acts customarily performed by collective bargaining agents under applicable law.

The undersigned does hereby revoke any collective bargaining agent authorization heretofore given to any other person or organization for the United Association. The undersigned hereby agrees to be bound to the Bylaws of the Association and the actions taken by the Association in accordance with the Bylaws.

During any time that this authorization remains in effect, the undersigned agrees that it will not negotiate individually or through any other association, entity or person, with the United Association and will not enter into any collective bargaining agreements with the United Association

directly or indirectly through other associations or entities without the express approval of the **AMCA**.

This Authorization may be withdrawn by the undersigned only by written notice to the **AMCA** not more than 120 days before and not less than 90 days before the expiration date of any contract executed by the **AMCA** or by written notice in a 10-day period which the **AMCA** must provide before any extension to a contract executed by the **AMCA** or by written notice otherwise in accordance with the Bylaws of the Association.

The authorization may be assigned by the **AMCA** to any other Multi-employer bargaining group.

Company Name:\_\_\_\_\_

Authorized Officer:\_\_\_\_\_

Officer's Signature:\_\_\_\_\_

Address:\_\_\_\_\_

Telephone:\_\_\_\_\_Fax\_\_\_\_\_E-Mail\_\_\_\_\_

Proprietorship\_\_\_\_\_Corporation\_\_\_\_\_Partnership\_\_\_\_\_

State Contractor's License Number\_\_\_\_\_Date\_\_\_\_\_

CM  
5/13/22