THE FOLLOWING PAGE HAS 4 AUTHORIZATION CARDS THAT HAVE ALL THE PROPER WORDING THE NMB WILL WANT TO SEE

TO ACTIVATE THESE CADS TAB TO FILL IN BLANK AND TYPE IN THE INFORMATION

THE 1ST BLANK IS THE NAME OF THE UNION YOU WANT TO HAVE GO AWAY THE 2ND BLANK IS THE NAME OF YOUR EMPLOYER

THAT’S IT AS SOON AS YOU HAVE THAT TYPED INTO ALL 4 OF THE CARDS YOU CAN PRINT THAT PAGE AS MANY TIMES AS YOU LIKE TO GET A STACK OF CARDS TO HAND OUT.

PRINT THE CARD PAGE BELOW 10 TIMES AND YOU HAVE 40 CARDS WHEN YOU CUT THE PAGE INTO ¼

YOU AND YOUR LIKE-MINDED WORKERS CAN SIGN THESE CARDS AS PROOF THAT AT LEAST 50% OF THE WORKERS DO NOT WANT THE UNION.

ONCE CARDS ARE SIGNED RETURN THEM TO THE WORKER WHO WILL SEND IN THE FORM ASKING FOR AN ELECTION.

IF YOU HAVE ANY QUESTIONS YOU CAN SEEK THE ASSISTANCE OF ANY **NON MANAGEMENT** PERSON OR CHECK OUT

[How to Apply for Representation – National Mediation Board (nmb.gov)](https://nmb.gov/NMB_Application/index.php/how-to-apply-for-representation/)

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| AUTHORIZATION CARD  I, the undersigned, no longer wish the NAME OF UNION to represent me at NAME OF EMPLOYER, and apply to the National Mediation Board to hold a representation election so I can become unrepresented.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PRINT NAME OF WORKER SIGNING THE CARD  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Job Title Location EE #  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of worker Date Signed | AUTHORIZATION CARD  I, the undersigned, no longer wish the NAME OF UNION to represent me at NAME OF EMPLOYER, and apply to the National Mediation Board to hold a representation election so I can become unrepresented.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PRINT NAME OF WORKER SIGNING THE CARD  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Job Title Location EE #  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of worker Date Signed |
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