Sample Deauthorization Card

I hereby affirm that I no longer wish to be represented by:

_____
(Name of Current Exclusive Representative)

in matters relating to my terms and conditions of employment.

Please print:

_____
Last Name Middle Initial First Name

_____
Address (Optional)

_____
City State Zip Code (Optional)

_____
Department/Division Job Classification (Optional)

_____
Signature

_____
Date Signed