



# STATE OF NEW HAMPSHIRE

## PUBLIC EMPLOYEE LABOR RELATIONS BOARD

### AUTHORIZATION CARD

EMPLOYEE NAME (type or print) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSITION: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_  
(Area Code & Number)

I hereby designate and authorize \_\_\_\_\_ (name of labor organization or employee group), its agents or representatives, to act for me as my exclusive agent and representative for the purposes of collective negotiations with respect to terms and conditions of employment, the negotiation of collective bargaining agreements, and any questions arising under such collective bargaining agreements and all other purposes authorized under N.H. RSA 273-A. I hereby revoke every other designation of authorization, if any, previously made by me for such purposes.

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date Signed)