

AUTHORIZATION FOR REPRESENTATION

WASHINGTON ADULT FAMILY HOME ASSOCIATION

I am an adult family home provider in the statewide bargaining unit established under **RCW 41.56.155**.

I want to change my exclusive bargaining representative and designate **WAAFHA** as my exclusive bargaining representative for purposes of collective bargaining with the State of Washington.

I authorize WAAFHA to use this card as evidence of my support for a petition to the Washington Public Employment Relations Commission (PERC) seeking an election to certify WAAFHA as the exclusive bargaining representative for the adult family home provider bargaining unit.

I understand that my signature may be used as a yes vote for purposes of a card check election; and a secret ballot election may not occur. I understand that I have the right to contact PERC to revoke my signature card for the purposes of cross check.



PROVIDER & BUSINESS INFORMATION

PROVIDER NAME (PRINT)

ADULT FAMILY HOME / BUSINESS NAME

SIGNATURE

DATE

This document serves as an official authorization card for representation under RCW 41.56.155.