

PELRB Form 15 Interest Card

I authorize _____ as my exclusive collective bargaining representative

Name (Print) _____ Employer _____

Home Address: _____

City: _____, State: _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ email: _____

I understand that my signature may be used to obtain certification of the above-named labor organization as the exclusive bargaining representative without an election.

Signature: _____ Date: _____