

Decertification Authorization Card

Name (printed) _____

Agency where employed _____

I DO NOT want to be represented by: (Check your union)

I do want to vote to Decertify this union

____ Washington Public Employees Association WPEA/UFCW

____ Washington Federation of State Employees WSFE/AFSCME

____ Service Employees International Union SEIU

____ Teamsters

Signed _____ Date _____

Mail to FWLA, PO Box 1854, Tacoma WA 98401-1854

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