



Authorization for Representation

I hereby authorize the New England Coalition of Public Safety (NECOPS) to be my exclusive representative for the purposes of collective bargaining relative to wages, hours, working conditions and other matters of employment. I understand that my signature on this card may be used to obtain voluntary recognition or certification of NECOPS as my exclusive bargaining representative.

Signature _____ Date: _____

Printed Name: _____

Street Address: _____ City/St: _____ Zip: _____

Employer: _____ Job Title: _____

Personal E-mail Address: _____

Fill out the entire form above and return to:

**NECOPS
40 Willard Street, Suite 301
Quincy, MA 02169**

If at least 50% of the Public Safety employees of a college, university or hospital fill out and return this form, NECOPS will seek voluntary recognition of a bargaining unit for you and your co-workers, as required by the National Labor Relations Board (NLRB). If the employer refuses to recognize your group, NECOPS will file a petition with the NLRB to have a certification election. The results of that election would determine whether or not you and your co-workers form a union.

This entire process is completely confidential. No supervisor or member of management will ever see these authorization forms. If you do participate in a certification election, it will be conducted by the NLRB by secret ballot. No supervisor or member of management will have the right to know how you vote.