

GUILD FOR PROFESSIONAL PHARMACISTS

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916-550-1119

E-MAIL contactus@gfpp.com

FAX 855-438-6990

AUTHORIZATION FOR REPRESENTATION FORM

If you wish the Guild to represent you in collective bargaining with your employer, please fill out this Authorization for Representation Form. When the Guild receives representation authorizations from at least 30% of the organizing pharmacists in their respective group, a petition will be put before the National Labor Relations Board seeking an election. These forms are confidential. If additional forms are needed, just make copies. Forms may be submitted with one or more signatures. It is not necessary to complete all lines.

I do hereby authorize the Guild For Professional Pharmacists to represent me for the purposes of collective bargaining before my Employer,

in all matters pertaining to wages, hours and working conditions as provided under National Labor Relations Act of 1947, as amended.

PRINT NAME _____ SIGNATURE _____ DATE _____

STORE OR LOCATION _____ CONTACT PHONE _____

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Make additional copies if needed

FAX AND MAIL TO THE GUILD

FAX 855-438-6990

**GUILD FOR PROFESSIONAL PHARMACISTS
1333 HOWE AVE., SUITE 207
SACRAMENTO, CA 95825-2199-3362**