

I hereby affirm that I do NOT want to be represented by AFSCME/CCPT.

To the extent that I have ever previously signed a union authorization card or other indication of support for union representation, I hereby REVOKE that card, effective immediately. I do not authorize AFSCME/CCPT to deduct dues or fees for any reimbursements I receive from the State on behalf of any families enrolled in my child care program.

Please Print:

First Name	Middle Name	Last Name
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Address

City	State	Zip Code
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I am a licensed child care provider in Minnesota.

Signature	Date
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If you would like to receive updates, please include your email address so we may keep you up to date on new developments.

Email Address

This petition must be filled out and signed by hand, not filled in on the computer.

Please scan and email this petition to childcareunioninfo@gmail.com

Or mail to:

Coalition Of Child Care Providers

PO Box 6622

Rochester, MN 55903