

PLEASE READ CAREFULLY.

FAILURE TO COMPLETE ALL SECTIONS OF THIS FORM WILL RENDER THIS APPLICATION DEFICIENT.

**FALSE STATEMENTS MAY RESULT IN FINE AND IMPRISONMENT
PURSUANT TO CHAPTER 837, FLORIDA STATUTES**

NEW Application _____
RENEWAL Application _____

Do Not Write In This Box

PUBLIC EMPLOYEES RELATIONS COMMISSION
4050 Esplanade Way
Tallahassee, Florida 32399-0950
(850) 488-8641

CASE NUMBER
OR-

DATE FILED

Employee Organization's Registration

1) The undersigned president or corresponding principal officer of _____

MUST be EXACT name and address of employee organization as stated in constitution and bylaws. Required by Section 447.305(1)(a) Florida Statutes.

whose mailing address is _____
Number Street Name

City State Zip

hereby requests that the organization's registration numbered **OR-**_____ be renewed for one year.
Fee in the amount of \$15.00 is enclosed. (Required by Sec. 447.305(3), Florida Statutes)

2) The names, titles, addresses, and telephone numbers of present officers and representatives are:
(Required by Sec. 447.305(1)(b), Florida Statutes)

3) Name, address, and telephone number of business agent or agent for service of process:
(Required by Sec. 447.305(1)(e), Florida Statutes)

4) The employee organization is affiliated or associated with:
(Required by Sec. 447.305(1)(a) Florida Statutes) Provide name and address of any/all. **If none, write in none.**

5) The fees and dues required by the employee organization are: (a) Initiation fees for new members; (b) Fee or fees required from transferred members; (c) Regular dues or fees or other periodic payments required to remain a member in good standing. (Required by Sec. 447.305(1)(c)) Florida Statutes) **If none, write in none.**

(a) \$ _____ /mo/wk/yr (b) \$ _____ mo/wk/yr (c) \$ _____ mo/wk/yr
- (circle one) (circle one) (circle one)

- 6) A copy of the current annual financial statement (PERC Form 2) containing all information required under Section 447.305(2), Florida Statutes is attached.
- 7) PLEDGE: The undersigned employee organization does hereby pledge that it will conform to the laws of the State of Florida and accept members without regard to age, race, sex, religion or national origin.
(Required by Sec. 447.305(1)(f), Florida Statutes)
- 8) Federal Employer's Identification No.: _____ (Required by Sec. 119.092, F.S.)
- 9) There have been **changes** () **OR no changes** () made in our constitution or bylaws since our last registration or renewal. (Required by Sec. 447.305(1)(g), Florida Statutes) Copy of any changes must be attached.

The undersigned duly authorized official of the employee organization has examined all of the information submitted (including the information contained in any accompanying documents) and states that it is true, correct and complete to the best of his/her knowledge and belief.

Print Name and Title

this _____ day of _____, 20 _____

Signature

NOTARY STATEMENT:

STATE OF FLORIDA COUNTY OF _____

Sworn to and subscribed before me

this _____ day of _____, 20 _____

by _____
(name of person making statement)

(Notary Public Signature)

My Commission Expires: _____

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____