Commonwealth of Massachusetts Division of Labor Relations 19 Staniford Street, 1st Floor Boston, Massachusetts 02114

EMPLOYEE ORGANIZATION INFORMATION REPORT

(Form1)

Do not write in this space

File No: _ Date: _

Pursuant to M.G.L. c. 150E, §13, all employee organizations must file a statement of its name, the name and address of its secretary or other officer to whom notices may be sent, the date of its organization, and its affiliations, if any, with other organizations.

1a.	Full legal name of employee organization, including any local or district designation	➡				
1b.	If incorporated, state of incorporation	→				
1c.	Date of organization	◆				
1d. 1e.	Full name of organization affiliate, if any Name and address of secretary or other officer to whom notices may be mailed	→				
2. Type of employee organization (check one):						
	Local International Othe	er (describe):				
3.	Month and day on which fiscal year ends	▶				
4.	Names and address of officers		Annual salary			
			\$			
			\$\$			
			φ			

5a.	Dues	5b.	Agency service fee	5c.	Initiation fees	5d.	Fines or assessments

6.	Certifications and recognitions held (attached additional sheets if necessary)				
	Date of certification of				Effective dates of most recent
	Employer	recognition	Description of unit		contract

7. M.G.L. c.150E, §14 requires a statement of purpose. Please attach statement to this form.

(president)	Date	(treasurer)	Date

Whoever knowingly files a state or report pursuant to M.G.L. c.14, which report is false in any material representation, shall be punished by a fine of not more than five thousand dollars. M.G.L. c. 150E, §15.