



**LOS ANGELES COUNTY
EMPLOYEE RELATIONS COMMISSION**
Kenneth Hahn Hall of Administration Room 374
500 West Temple Street
Los Angeles, CA 90012
ERCOMfilings@bos.lacounty.gov

EMPLOYEE ORGANIZATION REGISTRATION

Pursuant to Employee Relations Commission Rule 2.11 and 2.11(A) as amended May 19, 1995, the following information is required to be furnished to the Commission:

Date: _____

Name of Employee Organization: _____

Mailing Address (for legal notice): _____

Telephone Number: _____ Email Address: _____

Website Address: _____

Name of a designated representative to whom you desire notice be sent by regular United States mail, which will be deemed sufficient legal notice to your organization for any purpose:

Name: _____

Office or Title: _____ Cell phone: _____

Note: If the identity of the designated representative changes, it is the responsibility of the employee organization to notify the Commission in writing of such change (Rule 2.11). The change will be effective when received by the Commission.

Names and Titles of Officers:

<u>Name</u>	<u>Title or Office</u>
_____	_____
_____	_____
_____	_____
_____	_____

Names of representatives authorized to speak on behalf of organization's members (only if different from above):

<u>Name</u>	<u>Title or Office</u>

If more space is required to complete this information, please use additional pages.

DOES THIS ORGANIZATION:

(A) Include County employees who have designated the organization to represent them, as their certified majority representative, in their employment relations with Los Angeles County?

Not Applicable Yes No

(B) Have any restrictions on membership based on race, color, creed, sex, religion, disability, and/or national origin?

Yes No

If this organization is a chapter or local or is affiliated with a regional, state, national or International organization, give name and address:

Name _____

Address _____

Please furnish a copy of your organization's constitution and bylaws* (including regional, state, national or international constitution where available) or any other documents which will verify that:

- (1) One of the primary purposes of your organization is to represent employees in their employee relations with the County; and
- (2) There is no discrimination (i.e., no restriction on membership based on race, color, creed, sex, religion, disability, and/or national origin).

*Unless there have been changes or amendments to your organization's constitution or bylaws, it is not necessary to submit this material with future declarations.

Briefly describe what is the purpose of your organization:

I declare that I am a duly authorized representative of the organization named herein and I certify under penalty of perjury that the statements set forth in this declaration are true and correct to the best of my knowledge and belief.

Name (Please Print)

Title

Signature

Title