

**DELAWARE PUBLIC EMPLOYMENT RELATIONS BOARD**  
**ANNUAL EMPLOYEE ORGANIZATION REGISTRATION REPORT**

**YEAR** \_\_\_\_\_

Every employee organization and affiliates, which have or seek recognition as a representative of employees covered under statute administered by the PERB is required as a condition of recognition, to file a registration report signed by its president or other appropriate and authorized officer. This registration report must be updated on an annual basis. Each employee organization and affiliates is also required to maintain with the PERB a copy of its current constitution and by-laws, and any changes or amendments to these documents must be promptly reported. 19 Del.C. §1312; 19 Del.C. §1612; 14 Del.C. §4012.

**ORGANIZATION NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **FAX NUMBER:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_ **WEB SITE:** \_\_\_\_\_

**FREQUENCY OF ELECTIONS:** \_\_\_\_\_ **DATE OF NEXT ELECTION:** \_\_\_\_\_

**I. OFFICERS**

(Name): \_\_\_\_\_ Office Held: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

(Name): \_\_\_\_\_ Office Held: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

(Name): \_\_\_\_\_ Office Held: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

(Name): \_\_\_\_\_ Office Held: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**II. PRINCIPAL PLACE OF BUSINESS**

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Subsidiary Office Address & Telephone #: \_\_\_\_\_

**III. AFFILIATED ORGANIZATIONS**

\_\_\_\_\_

\_\_\_\_\_

**IV. DESCRIPTION OF BARGAINING UNIT:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*NUMBER OF EMPLOYEES IN BARGAINING UNIT:* \_\_\_\_\_

*EXPIRATION OF CURRENT AGREEMENT:* \_\_\_\_\_

**V. FEE SCHEDULES:**

INITIATION FEE: \_\_\_\_\_

DUES: \_\_\_\_\_

OTHER FEES (specify): \_\_\_\_\_

**VI. QUALIFICATIONS/RESTRICTIONS OF MEMBERSHIP:**

\_\_\_\_\_

\_\_\_\_\_

Signature of President or Authorized Officer required:

\_\_\_\_\_  
PRESIDENT

\_\_\_\_\_  
AUTHORIZED OFFICER

Date: \_\_\_\_\_