



STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN EMPLOYMENT RELATIONS COMMISSION  
BUREAU OF EMPLOYMENT RELATIONS  
RUTHANNE OKUN  
DIRECTOR

## UNION AUDIT REGISTRATION FORM

**LABOR ORGANIZATION** *(Note: Each Parent Labor Organization is responsible for reporting on its affiliate locals or ensuring its affiliate locals comply with this statutory requirement.)*

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

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER (       ) \_\_\_\_\_

**AUDIT DESIGNEE** *(Person responsible for submitting the independent audit to MERC)*

Please type or print

FIRST \_\_\_\_\_ LAST \_\_\_\_\_

TITLE \_\_\_\_\_ *(e.g., President, Vice President, Treasurer, Member)*

PHONE (       ) \_\_\_\_\_ FASCIMILE (       ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

*Please return this completed form to MERC via e-mail to: [unionaudits@michigan.gov](mailto:unionaudits@michigan.gov)*

***A specific identification number will be assigned to the labor organization identified above and provided via e-mail to the specified designee. Always include this number when submitting the annual audit or any other communication on this subject.***

***Annual Audits must be submitted to MERC in pdf format using the specified email-- [unionaudits@michigan.gov](mailto:unionaudits@michigan.gov). Annual Audit Filing Deadline-- March 1st.***

**MAILED, FAXED, OR HAND-DELIVERED AUDITS WILL NOT BE ACCEPTED.**