



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

**INDEPENDENT EXAMINER'S VERIFICATION OF UNION EXPENDITURES
REGISTRATION FORM**

(Use this form to obtain a MERC Registration Number)

ORGANIZATION NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER () _____

DESIGNEE *(Person responsible for submitting the independent examiner's verification of expenditures 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

A specific identification number will be assigned to the labor organization set forth above; it will be provided via e-mail to the specified designee. Always include this number when submitting the annual verification or any other communication on this subject. This same number will be used in subsequent years.

The exclusive bargaining representative shall also file a declaration identifying the local bargaining units that are represented. Local bargaining units identified in the declaration filed by the exclusive bargaining representative are not required to file a separate calculation of all expenditures.

***Your annual submission must be filed with MERC in pdf format using the specified email-
- unionaudits@michigan.gov. **Annual Filing Deadline-- July 1st.*****

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