

Bona Fide Association Annual Registration Statement

Year: _____

ORGANIZATION NAME:		
MAILING ADDRESS:		
WEBSITE:		
PRIMARY CONTACT/TITLE:	TELEPHONE NUMBER:	
FAX NUMBER:	E-MAIL ADDRESS:	

PRINCIPAL OFFICERS AND REPRESENTATIVES			
TITLE	NAME AND CLASSIFICATION	TELEPHONE NUMBER	E-MAIL ADDRESS
PRESIDENT			
1ST VICE PRESIDENT			
2ND VICE PRESIDENT			
SECRETARY			
TREASURER			
OTHER			

Complete this statement and submit it with a copy of your organization's Constitution and Bylaws by July 1 to:

Department of Human Resources
Labor Relations Division
1515 S Street, Room 400 N
Sacramento, CA 95811
lr.info@calhr.ca.gov