



AFFILIATE INFORMATION

GROUP INFORMATION

Name of Organization: _____

Contact Person: _____ Phone: (____) _____

Fax: (____) _____ Email: _____

Address: _____ City, State, Zip: _____

May we post the above information on the OAGC website? Yes _____ No _____

Employer Identification Number (EIN): _____

OFFICERS

Name: _____ Position: _____

Address: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

School District: _____ County: _____ Region #: _____

Name: _____ Position: _____

Address: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

School District: _____ County: _____ Region #: _____

Name: _____ Position: _____

Address: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

School District: _____ County: _____ Region #: _____

Name: _____ Position: _____

Address: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

School District: _____ County: _____ Region #: _____



AFFILIATE INFORMATION

MEMBERS OF YOUR ORGANIZATION

Please list at least three (3) members that are OAGC Members.

Name: _____ School District: _____
Name: _____ School District: _____
Name: _____ School District: _____

AFFILIATE MEMBERSHIP INFORMATION

Number of members: _____ Annual Dues: _____
Amount of Current Assets: _____ Current Net Income: _____

*Filed the IRS- e990 for this year (yes or no) _____ Submitted OAGC website info (yes or no) _____
*Registered with the Ohio Attorney General's Charitable Organization? (yes or no) _____

Affiliate tax year? (eg. Jan 1 – Dec 31 or Sept. 1 – Aug 31) _____

*All affiliates must file with the IRS AND register with the Ohio Attorney General's Office

Our organization, _____ requests affiliation with the Ohio Association for Gifted Children. We agree to run our organization in accordance with the OAGC mission. We certify that two of our officers and an additional member are general members of OAGC (not just parent division members). We have submitted a copy of our constitution/bylaws which includes an appropriate dissolution clause, a financial statement and this affiliation form to the OAGC in accordance with the policy outlined by OAGC. We authorize OAGC to include us in their application for a group tax exemption letter.*

Authorized Representative (print name): _____

Signature: _____ Position: _____

*Required for new members or for affiliates who have changed their constitution in the last year.

Date: _____

Please make a copy of this form for your files, attach a copy of your ratified constitution/bylaws and financial statement (if you are a new affiliate) and return to:

OAGC
P.O. Box 30801; Gahanna, OH 43230
Fax: 614-337-9286 email: executivedirector@oagc.com