



# 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: \_\_\_\_\_

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 (yes or no) \_\_\_\_\_ Submitted OAGC website info (yes or no) \_\_\_\_\_

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

*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 Vice President for Affiliate Relations 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 2<sup>nd</sup> Vice President for Affiliates  
P.O. Box 30801; Gahanna, OH 43230  
Fax: 614-337-9286 email: [executivedirector@oagc.com](mailto:executivedirector@oagc.com)