



Arizona Association for the Gifted and Talented Affiliate Chapter Membership Agreement

Submit this completed form annually to AAGT with dues (\$50 initial, \$45 each year thereafter) to AAGT, P.O. Box 31088, Phoenix AZ 85046. Questions? Contact officemanager@arizonagifted.org.

Name of Organization: _____ Date: _____

Group Name Acronym: _____ Type of Group (e.g. parent, coordinator): _____

Contact Person: _____ Phone: (____) _____

Fax: (____) _____ Email: _____

Address: _____ City, State, Zip: _____

Total number of members as of date of agreement: _____

School district(s) in which your members reside: _____

County in which your members reside: _____

Legislative district(s) in which your members reside: _____

Legislation Contact person (name, phone, & email for legislative action): _____

Annual dues enclosed, made payable to AAGT: New (\$50) Renewal (\$45)

Your organization should review its mission/goals and bylaws annually to revitalize your activities and focus your efforts effectively. Check to see that your bylaws and your current procedures are in line with one another, and it is suggested that you keep a notebook of your business meeting minutes, bylaws, activities, etc.

Affiliate Bylaws: please check one

- No changes have been made to our bylaws since we last submitted a copy to AAGT.
- We have already forwarded a revised copy of our bylaws. Date forwarded: _____
- We are attaching a current copy of our bylaws as revised/amended.

Federal Employer Identification Number (EIN) Information: please check and complete one:

- Our organization's EIN # is _____.
- Our organization's EIN # was applied for on _____ and will be sent to AAGT as soon as we receive it from the Internal Revenue Service.
- Our organization has previous 501c3 non-profit status. Our Tax ID number is _____ and a copy of our previous Federal Tax Exempt Letter is attached or on file with AAGT.

Ways you communicate with:

Members: _____

School District: _____

Community: _____

Electronic-newsletter? ___ Yes ___ No Number of times per year _____

**Please add AAGT addresses to your distribution list (see item 6 for details).

What are the three most important ways AAGT can assist you in the coming year?

What issues are you most concerned about?

List the names and contact information of members of your organization who might be willing to be a resource for other affiliate chapters:

OFFICERS (minimum of three required)

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 #: _____

By signing below as a duly authorized representative of our organization, we, the _____, (referred to below as “our organization”) agree to the following:

1. Abide by the bylaws of Arizona Association for Gifted and Talented (AAGT) and the bylaws of our organization in order to meet group exemption requirements under Section 501c3 of the Internal Revenue Code for tax exemption purposes;
2. Have our own bylaws in accordance with the purpose of AAGT bylaws (copy available at <http://arizonagifted.org>), elect our own officers, and organize our own programs;
3. Maintain the integrity of the purposes and goals of AAGT and support policy and programs adopted by the AAGT Board of Directors;
4. Authorize our organization’s name to be used by AAGT as an Affiliate Chapter of the state organization (fore example, on the AAGT website or in a newsletter);
5. Send a representative to all AAGT Affiliates meetings that are required;
6. Send copies of our organization’s newsletters to the AAGT Affiliate Coordinator (affiliatecoordinator@arizonagifted.org) and Membership Division Chair (membershipdivision@arizonagifted.org).
7. Submit in a timely manner an AAGT Affiliate Chapter Agreement upon first time application and each year thereafter to renew affiliation, as well as all forms required by the IRS, including annual completion of IRS Form 990-N;
8. Be in full compliance with the requirements of the AAGT Bylaws and this agreement, and in the event that AAGT notifies our officers in writing of noncompliance, come into full compliance within thirty (30) days of the date of the written notice or understand that the AAGT Board of Directors may revoke our charter as an affiliate chapter;
9. Distribute, in the event of dissolution of our organization, all monies and other assets, real and personal, of the organization to the AAGT Board of Directors to be held in trust until such time as the affiliate chapter is reorganized;
10. Indemnify AAGT, its directors and officers, and hold them harmless from any payments, losses, damages, penalties, claims, judgments, suits, settlements, expenses, and disbursements (including reasonable costs of investigation and attorneys fees) of whatever kind or nature that may be imposed on AAGT, its directors or officers, as a consequence of or in connection with any activities of our organization or anyone whose acts such organization may be liable or responsible.

AAGT Affiliate Chapter known as _____

By its Duly Authorized Representative:

Print Name _____ Title _____

Signature _____ Date _____

Please make a copy of this form for your files, attach a copy of your ratified constitution/bylaws, your current financial statement, dues, and list of activities and return to AAGT.

For OFFICE USE ONLY:

Reviewed by AAGT Officer _____ Date: _____

Approved by AAGT Membership Division _____ Date: _____