



## Application for Membership

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Mission Statement: \_\_\_\_\_

Description of Organization and Services: \_\_\_\_\_

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### Please check YES or NO to each statement

I certify that the Internal Revenue Service recognizes the organization named above as tax-exempt under 26 U.S.C. 501(c) (3) and to which contributions are tax deductible. (Attach a copy of your IRS notification of 501(c) (3) status. *If applicable, include a copy of the "Doing Business As" (D.B.A.) letter for any name change.*)  YES  NO

I certify that the organization named above is a free-standing non-profit corporation.  YES  NO

I certify that the organization named above uses standards of accounting and a financial system based on generally accepted accounting principles (GAAP).  YES  NO

Please answer yes to one of the following questions, if applicable:

I certify that the organization named above was audited in accordance with generally accepted auditing standards (GAAS) by an independent certified public accountant.  YES  NO

OR

I certify that the organization named above has *annual revenues less than \$100,000 and therefore is exempt from submitting an audit* by an independent certified public accountant. (Annual revenue is determined by Line 12 of IRS Form 990).  YES  NO

Is your primary mission to provide speech and/or hearing services?  YES  NO

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How many FTE employees are dedicated to Speech Language Pathology or related services? \_\_\_\_\_

What is your annual revenue from speech services? \_\_\_\_\_

How many FTE employees are dedicated to Audiology or related services? \_\_\_\_\_

What is your annual revenue from audiology services? \_\_\_\_\_

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The following is the non-discrimination policy requirement for certification; you must check 'yes' to qualify:  YES  NO

"I certify that the organization named above has a policy and procedure of non-discrimination with regard to race, color, religion, national origin, disability, age, gender or sexual orientation applicable to the charitable organization's paid and volunteer staff; applicable to membership on the charitable organization's governing board; and applicable to persons served by the charitable organization."

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I certify that the organization named above conducts publicity and promotional activities based upon its actual programs and operations and that these activities are truthful and non-deceptive, include all material facts, and make no exaggerated or misleading claims.  YES  NO

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I certify that the organization named above uses contributed funds for its announced purposes and that the organization's activities are consistent with its stated goals and objectives.  YES  NO

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I certify that the organization named above maintains a "substantial local presence," i.e., staffed facility or office and a phone line dedicated exclusively to this organization, available to its clientele or members of the public seeking this agency's services or the benefits it provides, and which is open at least 15 hours per week.  YES  NO

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I certify that the organization named above has been in business for a least 12 months prior to submitting this application.  YES  NO

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We have attached our most recent 990. (This must be included for membership consideration.)

We certify that we have read all the certifications set forth in this document and that our signatures below signify that we acknowledge and agree with such certifications:

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**Chief Executive**

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**Board Chair**

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**Date**

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**Date**