



ASRT Group Exemption Form

RETURN THIS COMPLETED FORM TO:

Governance Department
American Society of Radiologic Technologists
15000 Central Ave. SE Albuquerque NM 87123-3909
governance@asrt.org

Affiliate Subordinate

Organizations Full Name (as on file with IRS): _____

President's Full Name: _____

Affiliate Mailing Address: _____

Affiliate Physical Address (if different than above): _____

Registered Agent Full Name: _____

Registered Agent Mailing Address: _____

Registered Agent Physical Address (if different than above): _____

Federal Employer Identification Number (EIN): _____

Date your fiscal year begins (1st day of accounting cycle): _____

No Change in status from previous year.

Please select either Section I, II or III below only if your status has changed - you may select one only.

Section I

Our organization **requests** to be included under the ASRT 501(c) (6) Group Exemption Letter utilizing the above Federal Employer Identification Number. As a duly elected official of this affiliate society, I authorize inclusion in the ASRT's Group Tax Exemption Letter. I understand that this will result in this affiliate society being classified as a 501(c) (6) organization, ASRT's exempt status.

Section II

Our organization currently has or has applied for an individual 501(c) (6) tax status. We **do not** wish to be included under the ASRT 501(c) (6) Group Exemption Letter.

Section III

Our organization currently has or has applied for an individual 501(c) (3) tax status. We understand that we **cannot** participate under the ASRT 501(c) (6) Group Exemption Letter.

Officer Signature: _____ Officer Name: _____

Officer Title: _____ Date: _____