

National Association of Organizational Representative Payees

www.naorp.com

Membership Application

Name of Agency: _____

Street Address: _____

City, State, Zip code: _____

Mailing Address: _____

City, State, Zip code: _____

Phone number: _____

Website: _____

Year established: _____

Number of clients: _____

Number of staff: _____

Primary contact person: _____

Street Address: _____

City, State, Zip Code: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone number: _____

E-mail: _____

Submit application to:

**National Association of Organizational Representative Payees
c/o Ed Doonan
2640 Cordova Lane Suite 103
Rancho Cordova, CA 95670**

Questions? Call: 877 977 2933 x 203

National Association of Organizational Representative Payees

2640 Cordova Lane

Rancho Cordova, CA 95670

877 977 2933 x 203

www.naorp.com

NAORP

Disclaimer and Hold Harmless

Disclaimer:

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I, named below, represent that I am an authorized signer for my organization and agree to the disclaimer and hold harmless statements written above.

Agency Name: _____

Agency authorized signer (print name): _____

Signature: _____ **Date:** _____

Submit to:

National Association of Organizational Representative Payees

c/o Ed Doonan

2640 Cordova Lane Suite 103

Rancho Cordova, CA 95670

**National Association of Organizational
Representative Payees**
Helping each other to better serve the disabled

2640 Cordova Lane
Rancho Cordova CA 95670
1 877 977 2933 x 203
www.naorp.com

INVOICE

CHECK NUMBER:

DATE:

Board of Directors
Ed Doonan, Chairman
Benefits Management Corporation
Living in Familiar Environments
Sacramento, CA

Dave Goldman
Volunteers of America
Tulsa, OK

Caprice Atterbury
Family Services Inc.
North Charleston, SC

Mary Vasinda
Kern Around the Clock
Bakersfield, CA

Bob Crooks
Genesis Area Development
Brownwood, TX

1-150 Clients.....	\$150.00/year
151-250 Clients.....	\$250/year
251-500 Clients.....	\$300/year
501-1,000 Clients.....	\$400/year
1,001 + Clients.....	\$500/year
Vendors.....	\$500/year

BILL TO:

ASSOCIATION		
NAME		
ADDRESS		
CITY	STATE	ZIP
PHONE		
EMAIL		

TOTAL NUMBER OF CLIENTS:

DUES:

Thank you for your support.

**Request for Taxpayer
 Identification Number and Certification**

Give Form to the
 requester. Do not
 send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
NATIONAL ASSOCIATION OF ORGANIZATIONAL REPRESENTATIVE PAYEES

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
 Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶ **SOLIC**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
 (Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
7640 CARDONA LANE

6 City, state, and ZIP code
RANCHO CARDONA, CA 95170

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
 [] - [] - []

or
 Employer identification number
47-2466716

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ *Arvid D...* Date ▶ **5-3-17**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
 Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.