

Application for New Chapter Affiliation

The undersigned, acting on behalf of the

Name of Chapter: _____

City, State, Zip Code: _____

(Herein referred to as the “Chapter”) do hereby submit our application for affiliation with the American Payroll Institute, Inc. (Herein referred to as the “Institute”). In making this application, we, individually, collectively and on behalf of the Chapter as its authorized agents, make the following representations with the intention of inducing the Institute to grant Affiliated Chapter status.

- (1) We have reviewed the American Payroll Institute, Inc. Policy Statement Regarding Chapter Affiliation adopted by the Institutes’s Board of Directors on June 25, 1986; we understand the conditions described in such statement that the Chapter must satisfy in order to obtain Affiliated Chapter status; and we agree to formulate our policies and conduct our activities in a manner that will satisfy such conditions.
- (2) At least 51% of the Chapter’s current members are also dues paying members in good standing in the Institute and the list of the Chapter’s members that is attached is current as of the date of this application.
- (3) The Chapter’s independent activities and transactions (including use of the Institutes’s name and logo) will be undertaken so that others will not confuse the Chapter’s activities with the activities of the Institute. The Chapter will transact its business using the sample stationery that is attached, or stationery with letterhead that is substantially identical to the sample attached, containing a phrase similar to:

“The (name of chapter) is affiliated with the American Payroll Institute, Inc. (dba American Payroll Association) but is an autonomous and independent organization. American Payroll Institute, Inc. is not responsible for the liabilities, statements, or activities of any of its affiliated chapters.”

- (4) We understand that sample documents of organization that are acceptable to the Institute are available. We understand that the Institute, by providing such samples, is not engaged in rendering legal, accounting or other professional advice; rather, the sample documents and other materials provided to us by the Institute are intended only as reference materials, not as a substitute for professional advice. Accordingly, we agree to hold the Institute, its Officers, and employees harmless as to the contents of, and any omissions from, any such samples and other materials.

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(5) The names, addresses, and telephone numbers of the two individuals who are dues paying members in good standing of the Institute and who comprise the Payroll Group (as defined in the Policy Statement) are listed below.

(A) Member #1: _____ APA ID#: _____
Employer's Name: _____
Employer's Address: _____
Telephone: () _____ Fax: () _____
Email: _____

(B) Member #2: _____ APA ID#: _____
Employer's Name: _____
Employer's Address: _____
Telephone: () _____ Fax: () _____
Email: _____

(6) The Officers of the Chapter are all members of the Institute. Their names, addresses and telephone numbers are listed below.

(A) President: _____ APA ID#: _____
Employer's Name: _____
Employer's Address: _____
Telephone: () _____ Fax: () _____
Email: _____

(B) Secretary: _____ APA ID#: _____
Employer's Name: _____
Employer's Address: _____
Telephone: () _____ Fax: () _____
Email: _____

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(B) Treasurer: _____ APA ID#: _____

Employer's Name: _____

Employer's Address: _____

Telephone: () _____ Fax: () _____

Email: _____

(7) Any change in any document of organization or in the stationery of the Chapter will be submitted to the Institute for review.

(8) By signing this document, we are certifying that we are authorized to make the foregoing representations and apply for Affiliated Chapter status.

Signatures:

President

Date

Secretary

Date

Treasurer

Date

Member #1

Date

Member #2

Date