



Application for Membership

YES! I am between the ages of 21 and 40 and want to increase my opportunities for success by becoming a member.

Name _____

Address _____

City _____

State _____ ZIP _____

Date of birth _____

Home phone _____

Work phone _____

Fax # _____

E-mail address _____

Employer _____

Title _____

Spouse's name _____

Referred by _____

I would like to refer _____

Phone _____

I AM INTERESTED IN THE FOLLOWING:

- | | |
|---|--|
| <input type="checkbox"/> Social Issues | <input type="checkbox"/> Professional Development |
| <input type="checkbox"/> Environmental Issues | <input type="checkbox"/> Family & Youth Activities |
| <input type="checkbox"/> Personal Development | <input type="checkbox"/> Sporting Activities |
| <input type="checkbox"/> Community Involvement | <input type="checkbox"/> Business Networking |
| <input type="checkbox"/> Meeting New People | <input type="checkbox"/> International Affairs |
| <input type="checkbox"/> Governmental Affairs | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Social Security Reform | _____ |
| <input type="checkbox"/> Medicare Reform | _____ |

Dues for your Jaycee membership are NOT tax deductible as a charitable contribution.



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THE UNITED STATES JUNIOR CHAMBER®

Application for Affiliation

DO NOT WRITE IN THIS SPACE	
Chapter #	_____
Rec'd. date	_____
Charter date	_____
Charter members	_____
Charter #	_____

We, The _____ Junior Chamber of _____, _____, submit for approval this Application for Affiliation with the _____ Junior Chamber, The United States Junior Chamber, and Junior Chamber International. The affiliation requirements must be completed as specified in Bylaw 3-3. Failure to complete these requirements in the specified time period will result in the forfeiture of all dues and fees paid.

As required by the Bylaws of The U.S. Junior Chamber in respect to affiliation requirements, we submit the following:

1. Acceptance of certification requirements (notorized signature of applicant individual member and notorized signature of chairperson from the founding chapter).
2. Payment of fees — **NOTE: THESE FEES ARE NOT REFUNDABLE.**
 - a. State fee as required by your state organization not to exceed \$10 per each regular member.
 - b. Charter fee of \$250 plus the new individual member fee of \$15 per charter member.
3. Roster of local members complete with all required information as specified in Bylaw 3-3.
4. Temporary mailing address until permanent chapter address can be established. This address will be used to ship affiliation material (by UPS).
5. **A COPY OF CHAPTER BYLAWS AS SPECIFIED IN BYLAW 3-3.**

Chapter name _____

Address _____ City _____ State _____ ZIP _____
(UPS will not deliver to Post Office Boxes)

“We, the undersigned, have read the requirements for affiliation as outlined in Bylaw 3-3 and agree to abide by the constitution and Bylaws of The United States Junior Chamber.”

New Chapter President/Chairperson _____ Phone _____

Affiliation Chairperson _____ Phone _____

Witness my hand and official seal this _____ day of _____, _____

(Seal) My Commission expires _____ Signed: _____

Founding Chapter Information (if applicable):

State _____ State number _____ Chapter _____ Chapter number _____

Chapter Pop. Division _____ Local President signature _____

STATE ORGANIZATION MEMBERSHIP is a requisite to the affiliation of any local organization with The United States Junior Chamber. Under the nationwide federation’s integrated organization structure, the relationship between local and state and national divisions is so closely knit that full participation is essential. This application must be signed by your State President before it can be approved by The United States Junior Chamber.

TO BE COMPLETED BY THE STATE OFFICE OR STATE PRESIDENT: Please provide all information requested. This application cannot be processed unless all of the information is given and all of the required documents are included.

Chapter Pop. Division _____ State Pop. Division _____

Regional Director _____ Number _____

District Director _____ Number _____

State President’s Signature _____

President of the _____ Junior Chamber.

Chapter	Population
Pop. Division	Area Size
1	0-850
2	851 - 2,500
3	2,500 - 5,000
4	5,001 - 15,000
5	15,001 - 30,000
6	30,001 - 75,000
7	75,001 - 150,000
8	150,001 - and up
9	non-reg. chapters



THE UNITED STATES JUNIOR CHAMBER®

CHARTER MEMBER FORM

INSTRUCTIONS:

1. Please type complete information for each new member.
2. This form is for use only with the Application for Affiliation for initial submission of charter members.
3. Please make sure a telephone number for each member is listed, so new members can be contacted.
4. This form must be submitted with the Application for Affiliation to your state office when complete. The chapter retains the pink copy.
5. Please send all paperwork along with remittance of all dues as specified on the Application for Affiliation.
6. Affiliation requires twenty (20) members between the ages of 21 and 39.

State _____ State # _____

Chapter name _____

To be assigned by The U.S. Junior Chamber:

Chapter number _____

Submitted by _____

Phone _____

E-mail address _____

M F Last name _____ First name _____

Address _____

City _____ State _____ ZIP+4 _____

Date of Birth (Mo/Yr) _____

Home Phone _____ Work Phone _____

Fax # _____ E-mail Address _____

M F Last name _____ First name _____

Address _____

City _____ State _____ ZIP+4 _____

Date of Birth (Mo/Yr) _____

Home Phone _____ Work Phone _____

Fax # _____ E-mail Address _____

M F Last name _____ First name _____

Address _____

City _____ State _____ ZIP+4 _____

Date of Birth (Mo/Yr) _____

Home Phone _____ Work Phone _____

Fax # _____ E-mail Address _____

M F Last name _____ First name _____

Address _____

City _____ State _____ ZIP+4 _____

Date of Birth (Mo/Yr) _____

Home Phone _____ Work Phone _____

Fax # _____ E-mail Address _____

M F Last name _____ First name _____

Address _____

City _____ State _____ ZIP+4 _____

Date of Birth (Mo/Yr) _____

Home Phone _____ Work Phone _____

Fax # _____ E-mail Address _____

Retain one copy for chapter records. Send two copies to your state office with affiliation documentation.



THE UNITED STATES JUNIOR CHAMBER®

EXTENSION CHECKLIST

- Minimum of twenty (20) charter members
- Charter fee of \$250
- Administrative fee of \$15 per charter member
- Completed Application for Affiliation
- Completed Charter Member Form listing all charter members

HELPFUL HINTS TO SPEED PROCESSING

- Each member must meet The U.S. Junior Chamber age requirements (21-39 inclusive) as of the processing month in which the extension is to be applied. Dates of birth **MUST** be listed for each.
- All members currently listed on The U.S. Junior Chamber membership roster may not be included as one of the first twenty members. This includes members in at-large chapters 8888 and 9999. They may become the 21st charter member of any new chapter.
- Full names, rather than initials, must be used on the Charter Member Form.
- Use a complete mailing address to ensure that all new members receive their membership cards, publications, and other information.
- Home and business telephone numbers must be included on the forms.
- Signatures of the extension Chairperson and a representing member of the new chapter must be notarized, and daytime phone numbers included for each.
- Chapter population divisions should be determined at the state office using the latest U.S. Census figures for the city or town in which the majority of the new members reside.
- Region/District Director assignments must be listed exactly as they appear on The U.S. Junior Chamber RD and DD summary, which is sent monthly to the state office.
- Legibility is a must.

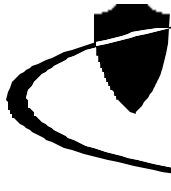
HOW TO SUBMIT THE PAPERWORK TO BE AN OFFICAL CHAPTER

1. APPLICATION FOR AFFILIATION - Place the new chapter name on the first line of the application for affiliation. Fill in all of the spaces with the required information. The new chapter temporary or elected President must sign the application and include a daytime telephone number. The same information is required from the affiliation Chairperson. These signatures must be notarized. It is important to include both the state number and chapter number along with, if applicable, the founding chapter's name and population division. The bottom portion of the application is to be completed by the State President or state office. This information is used to place your chapter in the proper region and district. The state headquarters has a listing of all Regional and District Directors in the state, and they will assure that the information listed in this portion matches exactly with what is on file with The U.S. Junior Chamber.

2. CHARTER MEMBER FORM - This form is used to establish your official membership record on file with The U.S. Junior Chamber. Be certain that all of the information listed on this form is complete and correct. If an incorrect address is listed, you will not receive national Junior Chamber publications or your official Jaycee Identification Card. All applicants for membership must list a date of birth on this form in order to be accepted for membership, and be between the ages of 21 and 39 inclusive. Remember to use your full name.

3. EXTENSION CHECK LIST - For your review. If all of the steps listed are completed, your application will be processed quickly and efficiently. If you have any questions, contact your support crew.

For more information, call 800.JAYCEES and ask for the Membership Services Department.



State and Chapter Application for Coverage Under Group Exemption Number 7040

The United States Junior Chamber is exempt from federal income tax under Section 501 (c)(4) of the Internal Revenue Code. All state and local Junior Chamber organizations are eligible to be included under this exemption.

To be added to the group exemption, the following information is required. Send this information to:

THE U.S. JUNIOR CHAMBER
PO Box 7 • Tulsa, OK 74102-0007 • fax 918.584.4422
Attention: Group Exemptions Officer

Chapter's legal name _____ Chapter number _____

Mailing address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____ E-mail address _____

State _____ State number _____

Employer identification number (required) _____

Annual Gross Receipts: (1) UNDER \$25,000

(2) OVER \$25,000

Officer signature _____ Title _____

After your state/chapter record has been updated, we will send you a **confirmation letter** and a copy of our IRS group determination letter which will explain your IRS requirements for annual reporting.

If you do not have an Employer Identification Number (EIN), submit **Form SS-4** to the Internal Revenue Service and one will be issued. The SS4 Form includes instructions for obtaining the EIN by phone from your regional IRS office. **The group exemption number is 7040.**

Gross receipts are ***ALL*** receipts. It would include dues, donations, sponsorships, contributions, sales, special projects, and anything else producing income. If gross receipts are over \$25,000, ***YOU*** are required to file an **Annual Information Return — Form 990**.

NOTE: This exemption is for FEDERAL INCOME TAXES ONLY. You may be responsible for your state's sales taxes.

Please complete this application in full, or it will be returned for completion.

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

OMB No. 1545-0003

EIN

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested	
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box)	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code	5b City, state, and ZIP code
	6 County and state where principal business is located	
	7a Name of principal officer, general partner, grantor, owner, or trustor	7b SSN, ITIN, or EIN

8a Type of entity (check only one box)

<input type="checkbox"/> Sole proprietor (SSN) _____	<input type="checkbox"/> Estate (SSN of decedent) _____
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN) _____
<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____	<input type="checkbox"/> Trust (SSN of grantor) _____
<input type="checkbox"/> Personal service corporation	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises
<input type="checkbox"/> Other (specify) ▶ _____	Group Exemption Number (GEN) ▶ _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State	Foreign country
-------	-----------------

9 Reason for applying (check only one box)

<input type="checkbox"/> Started new business (specify type) ▶ _____	<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> Created a trust (specify type) ▶ _____
	<input type="checkbox"/> Created a pension plan (specify type) ▶ _____

10 Date business started or acquired (month, day, year). See instructions. **11** Closing month of accounting year

12 First date wages or annuities were paid (month, day, year). **Note.** If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶

13 Highest number of employees expected in the next 12 months (enter -0- if none).

Agricultural	Household	Other
0	0	0

Do you expect to have \$1,000 or less in employment tax liability for the calendar year? Yes No. (If you expect to pay \$4,000 or less in wages, you can mark yes.)

14 Check **one** box that best describes the principal activity of your business.

<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-agent/broker	<input type="checkbox"/> Wholesale-other	<input type="checkbox"/> Retail
<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Other (specify)			

15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.

16a Has the applicant ever applied for an employer identification number for this or any other business? Yes No
Note. If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
 Legal name ▶ _____ Trade name ▶ _____

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
_____	_____	_____

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code) ()
	Address and ZIP code	Designee's fax number (include area code) ()

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶	Applicant's telephone number (include area code) ()
Signature ▶	Applicant's fax number (include area code) ()
Date ▶	

Do I Need an EIN?

File Form SS-4 if the applicant entity does not already have an EIN but is required to show an EIN on any return, statement, or other document.¹ See also the separate instructions for each line on Form SS-4.

IF the applicant...	AND...	THEN...
Started a new business	Does not currently have (nor expect to have) employees	Complete lines 1, 2, 4a–8a, 8b (if applicable), and 9–16c.
Hired (or will hire) employees, including household employees	Does not already have an EIN	Complete lines 1, 2, 4a–6, 7a–b (if applicable), 8a, 8b (if applicable), and 9–16c.
Opened a bank account	Needs an EIN for banking purposes only	Complete lines 1–5b, 7a–b (if applicable), 8a, 9, and 16a–c.
Changed type of organization	Either the legal character of the organization or its ownership changed (for example, you incorporate a sole proprietorship or form a partnership) ²	Complete lines 1–16c (as applicable).
Purchased a going business ³	Does not already have an EIN	Complete lines 1–16c (as applicable).
Created a trust	The trust is other than a grantor trust or an IRA trust ⁴	Complete lines 1–16c (as applicable).
Created a pension plan as a plan administrator ⁵	Needs an EIN for reporting purposes	Complete lines 1, 3, 4a–b, 8a, 9, and 16a–c.
Is a foreign person needing an EIN to comply with IRS withholding regulations	Needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits ⁶	Complete lines 1–5b, 7a–b (SSN or ITIN optional), 8a–9, and 16a–c.
Is administering an estate	Needs an EIN to report estate income on Form 1041	Complete lines 1, 2, 3, 4a–6, 8a, 9–11, 12–15 (if applicable), and 16a–c.
Is a withholding agent for taxes on non-wage income paid to an alien (i.e., individual, corporation, or partnership, etc.)	Is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons	Complete lines 1, 2, 3 (if applicable), 4a–5b, 7a–b (if applicable), 8a, 9, and 16a–c.
Is a state or local agency	Serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581 ⁷	Complete lines 1, 2, 4a–5b, 8a, 9, and 16a–c.
Is a single-member LLC	Needs an EIN to file Form 8832, Entity Classification Election, for filing employment tax returns, or for state reporting purposes ⁸	Complete lines 1–16c (as applicable).
Is an S corporation	Needs an EIN to file Form 2553, Election by a Small Business Corporation ⁹	Complete lines 1–16c (as applicable).

¹ For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity does not have employees.

² However, do not apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).

³ Do not use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

⁴ However, grantor trusts that do not file using Optional Method 1 and IRA trusts that are required to file Form 990-T, Exempt Organization Business Income Tax Return, must have an EIN. For more information on grantor trusts, see the Instructions for Form 1041.

⁵ A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

⁶ Entities applying to be a Qualified Intermediary (QI) need a QI-EIN even if they already have an EIN. See Rev. Proc. 2000-12.

⁷ See also *Household employer* on page 3. **Note.** State or local agencies may need an EIN for other reasons, for example, hired employees.

⁸ Most LLCs do not need to file Form 8832. See *Limited liability company (LLC)* on page 4 for details on completing Form SS-4 for an LLC.

⁹ An existing corporation that is electing or revoking S corporation status should use its previously-assigned EIN.

