



Suzuki Association of the Americas, Inc.
Application for Chapter Affiliation
(Please print or type application.)



Name of Organization: _____

Address: _____

City: _____ State/Prov: _____ Zip: _____

Telephone: _____ Web Site: _____

Contact: _____ Contact Title: _____

Contact Phone: _____ Contact Email: _____

Is the organization incorporated? Yes No

If yes, which state/prov? _____

Is the organization governed by By-Laws? Yes No

Does the organization have
IRS Tax-Exempt status (501 c 3)? Yes No

List of Organization's Officers

Signature of Officers

President _____

VP _____

Secretary _____

Treasurer _____

Director _____

Director _____

Director _____

Other _____

Organization's Mission Statement:



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Membership Composition

(Please include a complete membership list dated in the month this application is completed)

Type of member	How many members in your organization?	How many are SAA members?	What is the annual dues rate for these members?
Teachers			
Parents			
Family members			
Other			

You need to provide the following documentation with your application. Please use the following checklist to assist you in preparing to send this application.

- Application for Chapter Affiliation
- Copy of Articles of Incorporation (with required SAA text, if applicable)
- Copy of Employer Identification Number (also known as Tax ID number)
- Copy of Organization's Current By-Laws (with required SAA text and officer's signature)
- Copy of board meeting minutes that includes board approval of SAA Chapter Affiliation application
- Statement of organization's mission and purpose
- Current Membership List with contact information (name, address, city, state/prov., zip, phone, email and instrument area)
- Two-year outline of programs or two-year strategic plan
- Dues structure
- Current fiscal year budget
- Previous fiscal year 990, 990T and/or financial statements (Profit and Loss and Balance Sheet)
- \$75 Application Fee made out to the Suzuki Association of the Americas

I submit this application to the Suzuki Association of the Americas and affirm that all information and statements made are true.

Print Name: Organization's President

Signature: Organization's President

Date of Application

Submit application and all required materials to:

**SAA/Chapter Relations
PO Box 17310
Boulder, CO 80308**

Questions? Call the SAA office 1-888-3-SUZUKI