



Membership Application

Submit prior to October 1. Membership begins January 1.

IRS Employer Number

UIA Employer Number

Full Legal Name of Agency or Organization

Year Incorporated

Address

City

State

Zip Code

Contact Person

Title

Phone

Contact Person's E-mail Address

Agency's Web Site Address

List your agency's mission and/or describe its function.

Does your agency have any plans to expand, downsize, merge, etc. that would impact the number of individuals employed?
If yes, describe below.

Total number of employees:
Number of full-time positions:
Number of part-time positions:
Number of seasonal positions:

Does your agency have a Head Start program or a regularly occurring lay-off?

Yes, number of employees affected

No

List all sources of income and the percent of your budget received from each.

Indicate below how you heard about or were referred to The 501 Alliance. If you were referred by a current member, provide the name of the organization.

If your organization is a reimbursing employer, please provide the information requested below. Reimbursing employers receive a bill from the state for unemployment benefit charges. As opposed to contributing employers, who have a quarterly tax rate.

Taxable payroll is the first \$9,500 each employee earns per year. Benefit charges should equal the amount of money you reimbursed to the unemployment agency.

	Last Year	Two Years Prior	Three Years Prior
Taxable payroll	_____	_____	_____
Benefit charges	_____	_____	_____

Contributing employers (organizations with a tax rate) do not need to provide the information in the chart above.

Your completed application must be accompanied by the following items:

1. IRS determination letter awarding your organization 501(c) (3) status.
2. Annual budget with actual YTD revenues and expenses in comparison to budgeted amounts.
3. *Reimbursing Employers Only* - UIA charge statements for the past three years showing the amounts in the chart above (UIA Forms 1770 - available in MiWAM).
4. *Contributing Employers Only* - UIA tax rate notices for the past three years. If registered with the state for less than three years, provide rate notices you have received.
5. Last audit report or IRS Form 990 that covers a year that ended within 15 months of this application. If unavailable, provide your most recently completed audit or IRS Form 990, in addition to unaudited financial statements from your most recently completed fiscal year.

We hereby apply for membership in the group plan, effective January 1, _____ pursuant to the terms and conditions set forth in the By-laws of the corporation and other applicable rules and regulations as adopted by the Board of Directors from time to time. This application also provides The 501 Alliance with authorization to obtain information about our current employer account with the unemployment agency for the purposes of evaluating our qualifications for membership if necessary.

CERTIFICATION: I hereby certify that, to the best of my knowledge and belief, this application is a true and complete statement, prepared from the records of the above employer.

Date: _____

Signed By: _____

(Authorized Representative)

Official Title: _____

If you have any questions about completing this application or about The 501 Alliance, please contact the Administrator at 800-968-9675. E-mail or mail your application to: bill.gesaman@equifax.com
The 501 Alliance, 20300 Superior Road, Suite 190, Taylor, MI 48180