



ASRT Group Exemption Form

RETURN THIS COMPLETED FORM TO:
Affiliate Relations Department
American Society of Radiologic Technologists
15000 Central Ave. SE Albuquerque NM 87123-3909
affiliaterelations@asrt.org

Affiliate Subordinate

Organization Full Name: _____

President's Full Name: _____

Affiliate Mailing Address: _____

Federal Employer Identification Number (EIN): _____

Date your fiscal year begins (1st day of the accounting cycle): _____

Please complete either Section I, II or III below - you may select one only.

SECTION I

Our organization **requests** to be included under the ASRT 501(c) (6) Group Exemption Letter utilizing the above Federal Employer Identification Number. As a duly elected official of this affiliate society, I authorize inclusion in the ASRT's Group Tax Exemption Letter. I understand that this will result in this affiliate society being classified as a 501(c) (6) organization, ASRT's exempt status.

Officer's Signature _____

Print Name _____ Office _____

Date _____

SECTION II

Our organization currently has or has applied for an individual 501(c) (6) tax status. We **do not** wish to be included under the ASRT 501(c) (6) Group Exemption Letter.

Officer's Signature _____

Print Name _____ Office _____

Date _____

SECTION III

Our organization currently has or has applied for an individual 501(c) (3) tax status. We understand that we **cannot** participate under the ASRT 501(c) (6) Group Exemption Letter.

Officer's Signature _____

Print Name _____ Office _____

Date _____