

The undersigned, acting on behalf of the

Name of Chapter: _____
(if you are reporting a name change, provide both the current and former name of the chapter)

City, State, Zip Code: _____

(Herein referred to as the "Chapter") do hereby submit our application for re-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) For chapters that are reporting a name change. You certify that the chapter has completed the legal process to change the chapter's name, including applicable requirements in the chapter's origination documents (e.g., articles of incorporation) and bylaws.

Initial

- (2) At least 51% of the Chapter's current members are also dues paying members in good standing in the Institute. The undersigned certify that the list of Chapter members submitted with this application is current as of the date of this application. Failure to submit the list with the yearly affiliation agreement may result in restrictions being placed on the chapter by PAYO including, in extreme cases, denial of charter renewal. The current list of all chapter members should be submitted in a spreadsheet or Excel document containing the following fields:

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- | | | |
|--|-----------|---|
| ▪ PAYO National ID#
(if applicable) | ▪ Address | ▪ Phone |
| ▪ First Name | ▪ City | ▪ Fax |
| ▪ Last Name | ▪ State | ▪ Email |
| ▪ Company Name | ▪ Zip | ▪ Date Local Chapter
Officer Terms End
(one year) |
| ▪ Company Title | ▪ Country | |

- (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 PayrollOrg) 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."

Initial

- (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 Officers of the Chapter are all members of the Institute. Their Profile information is listed below.

(A) President: _____ PAYO ID#: _____

Employer's Name: _____

Employer's Address: _____

Telephone: (_____) _____ Fax: (_____) _____

Email: _____

(B) Secretary: _____ PAYO ID#: _____

Employer's Name: _____

Employer's Address: _____

Telephone: (_____) _____ Fax: (_____) _____

Email: _____

(C) Treasurer: _____ PAYO ID#: _____

Employer's Name: _____

Employer's Address: _____

Telephone: (_____) _____ Fax: (_____) _____

Email: _____

(6) Chapter officers and leaders have reviewed and agree to abide by PAYO's Local Chapter Guide.

Initial

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

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

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(9) Indicate all chapter officers, board members, committee heads or leaders of the chapter in the 'Additional Chapter Officers, Board Members and Leaders of the Chapter' section to provide a complete list of all person in charge for the chapter. Either elected or appointed by the chapter.

Initial

Signatures:

President Date

Secretary Date

Treasurer Date



Additional Chapter Officers, Board Members & Leaders of the Chapter

START TERM DATE: _____ **END TERM DATE:** _____

Chapter Officer Title: _____ PAYO ID#: _____

Name: _____

Employer's Name: _____

Employer's Address: _____

Telephone: (_____) _____ Fax: (_____) _____

Email: _____

Chapter Officer Title: _____ PAYO ID#: _____

Name: _____

Employer's Name: _____

Employer's Address: _____

Telephone: (_____) _____ Fax: (_____) _____

Email: _____

Chapter Officer Title: _____ PAYO ID#: _____

Name: _____

Employer's Name: _____

Employer's Address: _____

Telephone: (_____) _____ Fax: (_____) _____

Email: _____