



Ohio State Beekeepers Association

2024 Affiliated Association Program

Renewal Form *(Please respond by February 24)*

1. Association Name:

2. Federal Employer Identification Number (EIN):

3. Contact Information:

The IRS requires the listing of an address for each association for which the 501(c)(3) tax exempt status is sought. If the association does not have a permanent address, the address of the current president should be used. This address will be used for all official communication by OSBA, the Ohio Secretary of State, Ohio Attorney general and the IRS. The address may not be a PO Box.

Name/Title:

Address:

City:

State:

Zip:

Telephone Number:

Email:

4. Association Information:

Website:

Facebook Page:

Email Address:

Phone Number:

5. Officer's Contact Information: Attach any additional officers not listed below on a separate page.

President:

Address:

City:

State:

Zip:

Telephone Number:

Email:

Vice-President:

Address:

City:

State:

Zip:

Telephone Number:

Email:

Treasurer:

Address:

City:

State:

Zip:

Telephone Number:

Email:

Secretary:

Address:

City:

State:

Zip:

Telephone Number:

Email:

6. Club Bylaws/Constitution: If your associations Bylaws and/or Constitution have been revised since your application or last renewal, please attach your revised Bylaws and/or Constitution. Please initial the appropriate area to indicate changes.

Our Bylaws and/or Constitution has been revised. We have reviewed the **IRS-APPROVED LANGUAGE** document and have checked to make sure that our club bylaws have all the language required by the IRS. **A copy of our associations Bylaws and/or Constitution, as approved by our association and signed and dated by our club president and another officer, is attached to this document.**

No Changes have been made to our Bylaws and/or Constitution.

7. As the authorized representative for this association, I affirm that our beekeeping association understands that: Please initial the appropriate box below.

- a) Our association will uphold the guidelines as specified in the Articles of Association with The Ohio State Beekeepers Association, Inc.
- b) Our association will be required to submit a financial report for its most recently ended fiscal year to The Ohio State Beekeepers Association, Inc. on or before the deadline specified by The Ohio State Beekeepers Association, Inc. Affiliated Association Program Chairperson.
- c) Our association is responsible for reporting any changes or activities that may affect it's 501(c)3 status.

Yes, I understand.

No, I do not understand.

8. Financial information: Please indicate fiscal year:

Attached is the financial report for our association's latest fiscal year compiled per the attached spreadsheet report.

Attached is a list of individual(s) that we paid a total of **\$600.00** or more for any service, plus the completed W-9. <http://www.irs.gov/forms-pubs/about-form-w-9>

Attached is a list and details of all contributions to your association of **\$250.00** or

more. 9. Association Statistics:

Number of members:

Approximate percentage of OSBA members: %

10. Renewal Fee:

If has been continuous, the renewal fee is your membership to the Affiliate Association program. If your membership has lapsed or was terminated, you must reapply to the program.

The yearly membership fee is Fees are subject to change and will be published yearly. Failure to pay membership fees in full will terminate membership in the program.

11. Club/Association President:

I attest that to the best of my knowledge; the above information is correct.

With the submission of this renewal form, I affirm that our association wishes to be included in The Ohio State Beekeepers Association, Inc. Affiliated Association Program.

Full Name:

Title:

Date:

12: Submit this completed application with the attachments listed below:

Signed copy of the Association Constitution and/or Bylaws as stated in item 7 above.

Financial Report as stated in item 10 above. (see attached spreadsheet form to utilize)

13. Figure the total costs:

Multiply the number of members (9. Association Statistics) x per member.

Add the (10. Application Fee) renewal fee or yearly membership fee.

Grand Total:

Sending Documents:

Email the completed form to:

Communication-Officer@ohiostatebeekeepers.org

Mail the completed form to:

OSBA, 99 N High Street, P.O. Box 15026, Columbus, OH 43215