

courses, publications and other services your organization offers and plans to offer.

i. Do you currently conduct or plan to do off-site training? _____

Describe: _____

j. Do you:

(i) Retain training records? If so, attach record retention policy..... [] Yes [] No

(ii) Conduct background screening?..... [] Yes [] No

(iii) Conduct Social Security Verification?..... [] Yes [] No

(iv) Conduct drug screening?..... [] Yes [] No

(v) Do you provide site-specific training?..... [] Yes [] No

(vi) Do you provide Health Services?..... [] Yes [] No

(vii) Have any secondary locations (attach a list)? [] Yes [] No

(viii) Perform any other activities or services not specifically included in (i – v)?..... [] Yes [] No

k. Do you own a for profit subsidiary? If so, state the business activities engaged in by the for profit subsidiary. Attach a copy of the for profit subsidiary's Articles of Incorporation and By-Laws.

3. REVENUES

a. Sources of total revenue:

	<u>Source of Revenue</u>	<u>Percent Last Fiscal Year</u>	<u>Percent This Fiscal Year</u>
(i)	Membership Dues	\$ _____	\$ _____
(ii)	Government Funding	\$ _____	\$ _____
(iii)	Training Services	\$ _____	\$ _____
(iv)	Association Services	\$ _____	\$ _____
(v)	Parent/C Corporation	\$ _____	\$ _____
(vi)	College/ Education Institution	\$ _____	\$ _____
(vii)	Other (Describe below)	\$ _____	\$ _____

b. Attach a copy of your past three (3) years IRS Form 990. If you have not filed three (3) years' Form 990, provide as many Form 990s as you have filed. If none have been filed, so state.

4. WHY DO YOU WANT TO BE A MEMBER OF ARSC?

5. NOTICE TO APPLICANT

Attach a copy of your Letter of Determination from IRS, a minimum of three reference letters from owner sponsors in your region that support your petition for membership in ARSC, a minimum of two letters of support from current ARSC members in good standing, a copy of your Bylaws and Articles of Incorporation.

The undersigned, being in accord with the aims, objectives and purposes of the applicant's organization and desiring to assist in the accomplishment thereof, hereby applies for Membership in the Association of Reciprocal Safety Councils, Inc.

I (we) certify the foregoing statements are correct and agree, if elected, the applicant agrees to be governed by the Rules, Regulations, ARSC Common Guidelines, ARSC Reciprocity Agreement and ARSC By-Laws of the Association, as amended from time to time and as interpreted and enforced by the Association's Board of Directors or Committee as the Board of Directors may designate as long as I (we) continue as a member. Applicant further binds their membership to keep and maintain full and complete records and to promptly furnish any information contained, at any time the Association requests.

The undersigned applicant further expressly agrees that this membership is **non-assignable** and that the Board of Directors has and shall forever retain the exclusive and sole right to discontinue any member's membership whenever, in the sole and unlimited discretion of said Board of Directors, any member shall be found to have failed to comply with any of the Association's Rules and Regulations.

WARRANTY: I/We warrant to the Association of Reciprocal Safety Councils, Inc. (ARSC) that I understand and accept the notice stated above and that the information contained herein is true and deemed incorporated therein, should ARSC accept this application for membership. **I/We consent to the release of information from any Company and/or affiliates thereof.**

Acknowledgement by Applicant:

Name of Applicant

Title (Officer, Executive Director, President, etc.)

Signature of Applicant

Date

Submission of this application does not ensure that you will be accepted into membership.

Receipt by ARSC:

Name of ARSC Representative

Title (Executive Director, President, Committee Chair.)

Signature of Representative

Date

Return completed application including any reference letters and additional information to:

info@arsc.net