



Affiliate, Parent and Special Interest Group Membership Application

Date of Application: _____

Affiliate Parent Booster Parent Advisory Special Interest Group

Applicant/Group Name: _____

Main Contact: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

E-mail: _____ Web Address: _____

Board Officers: (Can provide on separate sheet and attach to the application)

Position	Name	Address	Phone	E-Mail

Constitution or By-Laws (attach a copy to application):

Yes No Pending N/A Reference Number: _____

Approval Date: _____ Expiration Date: _____

Illinois Incorporation (attach a copy of Incorporation status from IL Secretary of State to application):

Yes No Pending N/A Reference Number: _____

Approval Date: _____ Expiration Date: _____

Federal Employer Identification Number (attach FEIN designation from IRS to application):

Yes No Pending N/A Reference Number: _____

Approval Date: _____ Expiration Date: _____

Sales Tax Exemption (attach Illinois Department of Revenue E-Number status to application):

Yes No Pending N/A Reference Number: _____

Issuance Date: _____ Expiration Date: _____



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Not-for-Profit 501c-3/6 (attach Not-for-Profit status from IRS to application):

Yes No Pending N/A Reference Number: _____

Issuance Date: _____ Expiration Date: _____

Illinois Charitable Organization (attach Illinois Charitable Organization status from Attorney General's Office to application):

Yes No Pending N/A Reference Number: _____

Issuance Date: _____ Expiration Date: _____

Liability Insurance (attach Certificate of Insurance from provider to application):

Does the group have insurance coverage: Yes No If yes:

Carrier Name: _____ Policy Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Commercial General | Umbrella Liability Coverage Level: \$ _____

Business Auto | Umbrella Liability Coverage Level: \$ _____

Bonded Board Errors and Omissions Coverage Level: \$ _____

Worker's / Volunteer Compensation Coverage Level: \$ _____

Dates of Current Coverage: _____ To: _____

Participation Trend (please provide information for the past three [3] years of participation):

Year	Resident	Non-Resident	H.S. Non-Resident	TOTAL

Leadership and Governance (please provide the following information):

Does the group have a formal Governing Board? Yes No

Number of Board Members: _____ Number of Committees: _____ Total number of volunteers: _____

Board Meetings (please provide the following information):

Host routine Board Business Meetings: Yes No If yes:

Day of week: M Tu W Th F Sa Su

Week of month: 1st 2nd 3rd 4th Starting Time: _____

Meeting location: _____

If meetings are not regular, please attach a copy of the current board meeting schedule.



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PALS Representation:

Each group has one seat at the Palatine Affiliate Leadership Society (PALS). Does your group want a PALS representative? Yes No

Name: _____ Phone: _____ E-mail: _____

Annual Report:

Each group provides an annual report and/or presentation to the Park Board of Commissioners. What is the preferred month each year to submit the annual report? _____

Staff Liaison:

Each group is assigned a Park District staff member to provide support and collaborate with the Park District.

Does your group want an assigned staff liaison? Yes No If yes:

Please indicate if there is a preferred staff member: _____

I, as an authorized agent of the Applicant Group, hereby certify by my signature affixed below, that the information provided within this application is complete and accurate and is a fair and reasonable representation of the Applicant Group. I further acknowledge and understand that if any information is found to be false this application will be null and void by the Palatine Park District. I also understand that the information provided will be verified and reviewed by the Park District in determining the eligibility and approval of an affiliate and/or parent group designation and that the decision by the Park District is final. In addition, it is further understood that the Palatine Park District as deemed in its best interest, to approve a designation other than one requested within the application. Each application will be considered on its own merit and must be reviewed by the Superintendent of Recreation and the Executive Director with formal approval by the Park Board of Commissioners. I, also as the authorized agent, agree to indemnify and hold harmless the Palatine Park District from any and all claims, demands, actions or litigation arising out of or in connection to this application.

Name (please print): _____

Signature: _____ Date: _____

Attest Signature: _____ Date: _____

OFFICIAL USE ONLY

Date Received: _____ Time Received: _____

Approved Designation: _____

Superintendent of Recreation: _____ Date: _____

Executive Director: _____ Date: _____

Park Board of Commissioners: _____ Date: _____

Appointed Liaison: Yes No Name: _____



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Notes:
