

Certificate of Affiliation Request

Units meeting the following requirements shall be issued a Certificate of Affiliation:

- A. Adoption of policies and procedures not in conflict with the bylaws of TRTA;
- B. A minimum of six (6) regular meetings each year;
- C. All elected officers and committee chairs are members of the local unit and TRTA;
- D. A minimum of five (5) elected officers: President, First Vice-President, Second Vice-President, Secretary and Treasurer;
- E. A minimum of four (4) committees: Community Volunteer Service, Legislative, Membership, and Public Relations while recognizing that the most effective local units are built on a comprehensive structure of eight (8) committees: Community Volunteer Service, Healthy Living, Informative and Protective Services, Legislative, Member Benefits, Membership, Public Relations, and Retirement Education.
- F. Completion of tax reporting option form (on next page).

Please use the form below to report that the local unit meets the requirements for being issued a Certificate of Affiliation. Be sure to show the name of the local unit EXACTLY as you want it on the Certificate of Affiliation.

Additionally, please include the following: (1) New Member Report Form on which you include current state TRTA members joining the new local unit and new members to TRTA for whom you include one check covering state dues per member, (2) completed Local Unit Officer and Committee Chairs Form, (3) minutes from your organizational meeting(s), and (4) a brief letter from the new local unit president requesting the start-up funds.

COMPLETE AND MAIL TO:

TRTA Membership Department

313 E. 12th Street, Suite 200

Austin, TX 78701-1957

Please be advised that this local unit has fulfilled requirements and is entitled to a Certificate of Affiliation.

Issue the Certificate to:

Name of Local Unit _____

Located at (city) _____, Texas

Date _____ Local Unit President signature _____

Address _____

City _____

State _____ Zip _____

Tax Reporting Option Form (For New Local Units Only)

TO BE FILED WITH THE TRTA OFFICE ON OR BEFORE SEPTEMBER 1.

District Number _____

Local Unit Name and Number _____

The Undersigned _____ (District/Local Unit Name) does hereby select the following option in order to comply with the tax exempt status requirements of the Internal Revenue Service.

_____ Option 1: Provide your yearly activity information to the TRTA state office. Your activity will be included in the TRTA annual tax return, and you will not be required to file a return. This is the recommended option.

_____ Option 2: You can apply for a tax exemption letter from the IRS by completing Form 1024, and then file your own annual tax return. Substantial costs to your district/local unit are associated with this option.

_____ Option 3: If you have a tax exemption letter from the IRS, you can file your own return. Some districts and local units already are filing their own returns and may continue to do so if they wish.

Please provide the approval date (made by Board, Executive Committee or Entire Body) of the option selected above.

Date option selected was approved: _____

President

Treasurer

Date

Date

Mailing and Email Address for District/Local Unit

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