

8. Who is primarily responsible for coordinating organizational activities at the present time?

Name		Office (if applicable)
Address		
Address		
Phone	Fax	Email

9. Current number of members in your organization: _____

10. How much do you charge for membership dues? _____

If you do not charge membership dues, do you plan to? _____

11. Do you require your members to be AGS members? YES NO

12. Does your organization have by-laws? YES NO
(If so, please attach)

If not, is your organization currently developing by-laws? YES NO

13. Does your organization have 501(c)(3) status? YES NO
If not, has your organization applied for 501(c)(3)? YES NO
Are you planning to use the AGS group exemption? YES NO

14. Is your organization affiliate with a county or state medical society? YES NO

If so, what society (ies)? _____

15. Is your organization affiliated with any other organization(s)? YES NO

If so, what organization(s)? _____

16. Do you anticipate that your organization will be in a position to develop by-laws and Elect officers within two years from the date of this application? YES NO

Signature _____ Date _____

* These conditions are required and must be met before provisional status can be granted.