

Private Organization (PO) Application

(Please check box below for new or revalidation)

New

Validation

Date: _____

Name of Organization: _____

Mailing Address: _____

Please complete this document and include it as an exhibit in your validation/revalidation request. Initial before items 1-7, complete items 8-11, list current PO officers and their contact information in the space provided, and sign the application.

___ 1. It is understood that neither the installation nor the Government will have any liability for the PO's actions or debts.

___ 2. It is understood that the installation commander may revoke the POs permission to operate on the installation at any time.

___ 3. It is understood that the PO will be liable in any event, even where the PO's assets are not enough to cover all PO liabilities.

___ 4. It is understood that the PO agrees to reimburse the Army for utility expenses, unless use is incidental.

___ 5. It is understood that the PO will neither propagate extremist activities nor advocate violence against others or the violent overthrow of the Government.

___ 6. It is understood that PO activities will not seek to deprive individuals of their civil rights.

___ 7. It is understood that the PO has complied and continues to comply with all State and Jurisdictional laws.

___ 8. Please state the PO's nature, functions, objectives (including planned use of funds), and activities

___ 9. Include a copy of your charter, articles of agreement, constitution, bylaws, or other authorization documentation. If affiliated with a national, regional or state organization, please include documentation of the parent organization. If you do not have a Charter please specify below.

___ 10. Explain your PO's membership eligibility and who is responsible for all management functions (including accountability of assets, coverage and limitation of insurance, and disposition of remaining assets on breakup of the PO).

___ 11. What is the extent of your PO members' personal liability for debts of, or claims against, the PO? (Include insurance Documents)

___ 12. (For Revalidation/recertification only) Have any major changes occurred in the organization since its last certification? **Yes** _____ **No** _____

If yes, please explain below.

This application has been submitted by: _____ on _____
(Print Name & Position/Title)

I understand that if I fail to submit any of the documentation or include the statements noted above, our PO's application may be deemed incomplete.

I may be reached by phone _____ or by e-mail at _____

Signature of applicant: _____

**List your current officers
(include name, address and phone.) (Please print or type)**

President: _____

Address: _____

Phone: _____

Cell: _____

E-Mail: _____

Secretary: _____

Address: _____

Cell: _____

Vice President: _____

Address: _____

Phone: _____

Cell: _____

E-Mail: _____

Treasurer: _____

Address: _____

Cell: _____

E-Mail: _____

E-Mail: _____