



Society Support Program Application

Name of Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address (If different from mailing address): _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____ EIN: _____

Email: _____ Website: _____

Name of Current Officers:

President: _____ Vice-President: _____

Secretary: _____ Treasurer: _____

A: ___ This organization is a non-profit historical and/or genealogical society located within the United States of America and holds 501(c)(3) status as defined by the IRS.

B: ___ This organization is a public library located within the United States of America that serves as an archive or repository for historical documents or records maintained by a non-profit historical and/or genealogical society as defined by the IRS.

C: ___ This organization is a public library located within the United States of America that serves a regular meeting facility for a non-profit historical and/or genealogical society as defined by the IRS. Regular meetings are denoted as meetings held at regular intervals a minimum of (4) four times per year.

Important: If you checked "B" or "C" above you must complete this section

Name of Society: _____

Current President of Society: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____ EIN: _____

Email: _____ Website: _____

Signature of Current Officer

Printed Name and Officer Title

Date

Important: You must provide proof of 501(c)(3) status with this application

Mail To: Society Support Program Coordinator • The Family History Store • PO Box 5 • Tensed, Idaho 83870