



Please fill out the form including all required information

[Email this form to rockyhenriques@gmail.com](mailto:rockyhenriques@gmail.com)

1. Organization Name: _____

2. Tax ID Number: _____

3. Brief description of the organization's cause and focus:

4. I, _____, on behalf of (organization's name)

am requesting exemption from payment . (This applies to enrollment and monthly fees)

5. Affiliate's ID Number: 95540719