



Member Organization Merger Form

| Member Organization Information | | Member Organization Information | |
|---------------------------------|--|---------------------------------|--|
| Organization Name | | Organization Name | |
| Current President | | Current President | |
| Signature | | Signature | |

| New Organization Information | | | |
|------------------------------|--|-----------------|--|
| Organization Name | | | |
| Street Address | | City/State /Zip | |
| +Contact Name | | Contact Phone | |
| Contact Email | | | |

| Responsible Directors | | | |
|-----------------------|-------------------|--|-----------|
| President | Name | | Email |
| | Street Address | | Phone |
| | City/State/Zip | | Signature |
| DOC | Name | | Email |
| | Street Address | | Phone |
| | City/State/Zip | | Signature |
| Board Member | Name | | Email |
| | Position on Board | | Phone |
| | Street Address | | Signature |
| | City/State/Zip | | |
| Board Member | Name | | Email |
| | Position on Board | | Phone |
| | Street Address | | Signature |
| | City/State/Zip | | |
| Certified | Name | | Phone |
| Registrar | Email | | |
| Field | Name | | Phone |
| Assignor | Email | | |
| Referee | Name | | Phone |
| Assignor | Email | | |

| Additional Required Information | |
|---|--|
| Official Date of Merger | |
| Which Member Organization are you claiming nonprofit status through [501(c)(3)] | |
| Copy of 501(c)(3) | |
| Membership Count | |
| Team Count | |
| Copy of By Laws the new Organization will be using | |



**By signing above, the responsible Directors certify to the accuracy of the information in this application and acknowledge their responsibility to UYSA for the Organization's operations and activities.*

| Administrative Use Only | |
|-------------------------|--|
| Date Received by UYSA | |
| Reviewed By | |
| Approval Date | |
| Reviewer's Signature | |