

Group 990 Agreement Form

_____ Chapter-in-formation

Date: _____

Name of Chapter: _____

We, the officers of the above named chapter of the Association of Nurses in AIDS Care, hereby authorize the Association's national office to act as our agent in obtaining a Federal EIN number for tax purposes.

We consent to inclusion in a Group 990 form.

Signed,

_____, President

_____, Secretary

_____, Treasurer