



APPENDIX B



APPLICATION FOR RECOGNITION BOOSTER AND SUPPORT ORGANIZATION

Organization Name: _____

Date of Application: / / Person submitting the application: _____
(MM/DD/YEAR)

☐ New Application

☐ Renewal Application

List your officers for the academic year covered by this application:

	Name	Address	Phone	Email
President				
Treasurer				
School Liaison (If applicable)				

Organization's Primary Bank: _____

Organization's Federal Tax ID (FEIN) #: _____

Organization's AG (Public Charity) #: _____

I certify that no North Reading Public School employee is or will be an authorized signatory for any checks or other financial transactions on behalf of the organization.

(Initials)

Please attach a copy of the organization's articles of organization and by-laws (for new applications only) and a brief description of the organization's annual objectives, and the intended use of funds generated for the current academic year.

The booster and support organization acknowledges the right of the North Reading School District to rescind the recognition of any booster and support organization if their operations and/or purpose are inconsistent with these procedures or any North Reading School Committee policy.