



Date Requested: _____

Date Required By: _____

Purpose

What is the purpose of this document and why and when should you fill it out?

Do not print!

This form is meant to be submitted digitally. Do not print, fill out, then scan. Instead, save this document to your computer, fill it out on the computer, save the changes, then email it to the Prime Minister.

Who are you?

We just need your full legal name, your Amtgard name, and the group you represent (ie: land, event team, etc.).

Why do you need this?

Explain concisely why you are requesting permission to use the Westmarch EIN. If the EIN is to be used as part of an event, be sure to include where and when the event to take place. If the EIN is to be used as part of an action to benefit your land or the Kingdom, explain how.

Will there be proceeds?

Do you anticipate any donations, and to whom? Provide an estimate in dollar value.

Who gets our EIN?

List the names and contact info (websites, phones #s, etc.) of the organizations that you will be providing our EIN to.

BoD Use Only!

Do not fill out below this line.

Status

Approved:

Declined:

Date: _____

Westmarch EIN Request Form

This form is to be filled out by a group or member seeking to gain permission to use the Amtgard, Kingdom of Westmarch, Inc. EIN (Employer Identification Number) for any reason. To obtain permission from the Board of Directors, this form must be filled out in its entirety (except where noted PM/BoD use only) and submitted to the Kingdom Prime Minister. Please see the Officers page on the Westmarch website (URL below) to find who the Westmarch Prime Minister currently is and ask for their email. Allow for up to one month for the BoD to review and respond to your request, whereafter either an Officer of the Board or the Prime Minister will provide you with the Board's decision, and either the EIN if approved or potential solutions to be taken to address the Board's concerns if denied.

<http://www.caamtgard.com/officers/>

Requestor's Information

Mundane Name: _____ Persona Name: _____

Group/Team: _____

Statement of Purpose

I, the above named, do hereby request permission to use the EIN of Amtgard, Kingdom of Westmarch, Inc. for the express purpose of:

Purpose

Donations/Income

Anticipated Amount: _____ To: _____

Organizations

Organizatons to receive EIN

Signatures

Board President Name: _____ Signature: _____

Board Treasurer Name: _____ Signature: _____