

Support Your Community Fare Media

YES, I want to increase member benefits for my non-profit community group by becoming a non-profit TAP card vendor.

Business Information

Name of Your Organization

Address

City

Zip Code

Business Phone

Fax

Contact Information

Name

Title

Direct Phone

E-mail

Is your group a non-profit?

Yes No

Does it serve the local community?

Yes No

Financial Information

Federal Form 501(c)(3) Tax ID#

Groups that do not file Federal Form 501(c)(3), but are affiliated with organizations that do file, are also eligible to apply.

Primary/Contact

Title

Signature

Date

Authorized Representative (if different from above)

Title

Signature

Date

Thank you for your interest in becoming a non-profit TAP card vendor.

