

Part 1 (For completion by applicant)

Application to Mail at Nonprofit Standard Mail® Rates

Section A—Application (Please read section B on page 2 before completion.)

| _ | information entered below must be legible so that our records will by the correct information about your organization. complete name of the organization must be shown in item 1. | | The applicant named in item 5 must be the individual submitting the application for the organization and must be a responsible official of the organization. Printers and mailing agents may not sign for the organization. |
|---|---|-------------|--|
| | The name shown must agree with the name that appears on all documents submitted to support this application. | - | No additional organization categories may be added in item 6. To be eligible for the Nonprofit Standard Mail rates, the organization must qualify as one of the types listed. |
| | A complete address representing a physical location for the organization must be shown in item 2. If you receive mail through a | | The applicant must sign the application in item 12. |
| | Post Office™ box, how your street address first and then the box number. | | The date shown in item 14 must be the date that the application is submitted to the Post Office. |
| No | application fee is required. (All information must be complete and typewrit | tten | or printed legibly.) |
| 1. | Complete Name of Organization (If voting registration official, include title) | | |
| 2. | Street Address of Organization (Include apartment or suite number) | | |
| 3. | City, State, ZIP+4® Code | | |
| 4. | Telephone (Include area code) | | 5. Name of Applicant (Must represent applying organization) |
| 6. | | oor ates | tural (07) Veterans (09) Qualified political committee (Go to item 9) (08) Fraternal (10) Voting registration official (Go to item 9) 5. Domestic Mail Manual® 703.1 lists certain organizations (such as business nobby clubs, governmental bodies, and others) that, although nonprofit, do not |
| 7. | Is this a for-profit organization or does any of the net income inure to the benefit of any private stockholder or individual? No | | 9. Has this organization previously mailed at the Nonprofit Standard Mail rates? (If `Yes,' list the Post Office locations where mailings were most recently deposited at these rates and provide the nonprofit authorization number, if known.) |
| 8. | Is this organization exempt from federal income tax? (If 'Yes,' attach a copy of the exemption issued by the Internal Revenue Service (IRS) that shows the section of the IRS code under which the organization is exempt. Required if exempt. Do not submit State tax exemption information.) Yes | | 10. Has your organization had Nonprofit Standard Mail rate mailing |
| | Has the IRS denied or revoked the organization's federal tax exempt status? (If `Yes,' attach a copy of the IRS ruling to this PS Form 3624.) | | privileges denied or revoked? (If `Yes,' list the Post Office (city and state) where the application was denied or authorization was revoked and provide the nonprofit authorization number, if known.) Yes And State Post Office (city and state) Yes And State Post Office (city and sta |
| | From your IRS exemption letter, check off the box corresponding to the section under which the organization is exempt: | | |
| | ☐ 501(c)(3) ☐ 501(c)(5) | - | 44. Deat Office (not a station on househ) whose suith significan |
| | ☐ 501(c)(8) ☐ 501(c)(19) | | Post Office (not a station or branch) where authorization requested and bulk mailings will be made (City, state, ZIP Code™). |
| | Other 501(c) () (See statement in item 6 above) | | |
| ma da No | aterial information requested on the form may be subject to criminal sanctions Images and civil penalties). I further understand that, if this application is appr | ino rove | |
| 12 | . Signature of Applicant | | 13. Title 14. Date |
| | 2 /For completion by postmoster at existing affice when emplication file | 201 | |
| Part 2 (For completion by postmaster at originating office when application filed) 1. Signature of Postmaster (Or designated representative) | | | Date Application Filed With Post Office (Round stamp) |
| | 2. Grande 2 1 1 Communication (Cr. Cooling rate of representative) | | 2. Date Application Find That Foot Office (Nothing Stamp) |
| | | | |
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Section B—General Information

Organization Eligibility

The Nonprofit Standard Mail® rates may be granted only to:

- 1. The eight categories (01 through 08) of nonprofit organizations specified on page 1 in section A, item 6.
- 2. Qualified political committees (category 09), including the national and state committees of political parties as well as certain named congressional committees.
- 3. Voting registration officials (category 10), including local, state, and District of Columbia voting registration officials.

These organizations are defined in *Domestic Mail Manual* (DMM[®]) 703.1, available for review at any Post Office™.

To qualify, a nonprofit organization must be both **organized** and **operated** for a **primary** purpose that is consistent with one of the types of organizations in DMM 703.1. Organizations that **incidentally** engage in qualifying activities do not qualify for the Nonprofit Standard Mail rates.

Application Procedures

- 1. Only organizations may apply. Individuals may not apply (except voting registration officials).
- 2. Only the one category in item 6 that best describes the primary purpose of the organization may be checked.
- 3. The application must be **signed** by someone in authority in the organization, such as the president or treasurer. It must not be signed by a printer or mailing agent.
- 4. The completed PS Form 3624 must be submitted to the Post Office where bulk mailings will be deposited. If the application is approved, the authorization will apply only at that Post Office.

Supporting Documentation

The documents listed in 1 and 2 below must be submitted with the completed applications for nonprofit organizations. The documents listed in 3 must be submitted for qualified political committees and, in 4, for voting registration officials.

- 1. Evidence that the organization is **nonprofit** and that none of its net income inures to the benefit of any private stockholder or individual. Acceptable evidence includes:
 - An Internal Revenue Service (IRS) letter of exemption from payment of federal income tax.
 - If an IRS exemption letter is not available, a complete financial statement from an independent auditor (such as a certified public accountant) substantiating that the organization is nonprofit. A statement from a member of the organization is not sufficient. (Do **not** submit State tax exemption information.)
- 2. Documents describing the organization's **primary purpose**, such as:
 - Organizing instruments that state the purpose for which the group is organized, such as the constitution, articles of incorporation, articles of association, or trust indenture. The organizing instrument, including all amendments to the original, should bear the seal, certification, or signature of the Secretary of State or other appropriate state official. If one or more of these documents are not sealed, certified, or signed by state officials, an officer or other person authorized to sign for the applicant should submit a written declaration certifying that the documents are complete and accurate copies of the originals.
 - Materials showing how the organization actually **operated** during the previous 6 to 12 months and how it will operate in the future. Bulletins, financial statements, membership forms, publications produced by the organization, minutes of meetings, or a list of its activities may be used.
- 3. For qualified political committees (category 09), organizational or other documents substantiating that the applicant is the state or national committee of the political party.
- 4. For voting registration officials (category 10), a copy of the statute, ordinance, or other authority establishing responsibility for voter registration.

Mail Eligibility

An organization authorized to mail at the Nonprofit Standard Mail rates may mail only **its own matter** at those rates. It may not delegate or lend the use of its Nonprofit Standard Mail authorization to any other person or organization. Cooperative mailings may be made at the Nonprofit Standard Mail rates **only** if **each** of the cooperating organizations is individually authorized to mail at those rates at the office where mailings are deposited.

DMM 703.1 discusses the specific restrictions against the mailing of certain advertising materials and products.

Postal Service™ Checklist for PS Form 3624, Application to Mail at Nonprofit Standard Mail® Rates

| Name of Organization | | | | |
|--|--|--|--|--|
| The organization above provided the following evidence of eligibility for Nonprofit Standard Mail rates. | | | | |
| 1. Nonprofit Status (Check one) | | | | |
| IRS letter of exemption from payment of federal income tax | | | | |
| Financial statement prepared by an independent auditor substantiating organization's nonprofit status (statement must include balance sheets, notes, etc.) | | | | |
| 2. Organization (One complete copy; check one) | | | | |
| Articles of Incorporation Articles of Association | Charter Constitution | | | |
| Enabling Legislation Trust Indenture | Other (Explain): | | | |
| 3. Operation (Several samples of each; check types of information included with application) | | | | |
| Bulletins Brochures | Financial statements Listing of activities for past 6 to 12 months | | | |
| Membership applications Minutes of meetings | Newsletters Other (Explain): | | | |
| The name on all the documents presented as evidence must match the name | ne on the application. If they do not match, please explain. | | | |
| Postmaster: Mail completed form and all required documents to: | | | | |
| PRICING AND CLASSIFICATION SERVICE CENTER PO BOX 3623 NEW YORK NY 10008-3623 | | | | |
| I certify that the applicant has completed all the items on the application and that each item is legible. | | | | |
| Signature of Postmaster (Or designated representative) | Date | | | |
| Telephone (Include area code) | Post Office (City, state, ZIP Code™) | | | |
| Date Application Returned to Organization for Correction | Date Application and Documentation Sent to Pricing and Classification Service Center | | | |