

TDNT Social Services Inc Membership Application

Authorize payments for your TDNT Social Services Inc membership subscriptions using ACH, Debit/Credit Cards & Other Payment Methods. Please complete and sign this authorization form. All fields must be completed. We will retain a copy on file and this authorization will remain in effect until it is canceled. To update or cancel this authorization, please contact us anytime: members@tdntsocalservices.org.

* Indicates required question

TDNT Social Services, Inc. (*Membership Enrollment Program*)



MEMBERSHIP DUES AT TDNT SOCIAL SERVICES (TDNTSS), INC.

DUE UPON SIGN-UP & ON JANUARY 1st OF EVERY YEAR, OR MONTHLY

[JOIN OUR BELONGINGNESS & LEADERSHIP PROGRAM!!!](#)

Pay your Initial & Monthly Membership Dues \$1, \$5, \$10, \$25, \$75 or \$500

Or

make a 1-time payment of \$12, \$60, \$120, \$300, \$900 or \$6000 (Annual Dues)

[PAY ONLINE](#) Or BY CHECK (personal, certified, cashiers, USPS money order)

Our Membership Plans are Essential I (EI) \$1, Essential II (EII) \$5, Essential III (EIII) \$10, Non-Voting (NV) \$25, Limited Voting (LV) \$75, and Voting (V) \$500 memberships. These are the monthly rates and can be paid monthly or the total annual sum once a year, at the beginning of the year. Pay less when you pay membership dues annually (once per year).

Membership Dues are nonrefundable, unless prepaid for future months or years AND you are still in your probationary period. We must have also initiated termination. We can only issue partial refunds which is the amount you're due minus any payment processing fees.

Membership renewals take place automatically every 1st of the month, where your monthly dues are automatically withdrawn via the payment method you've provided when you first signed up. To make changes to this payment method, please let us know before the 21st of the previous month or submit your new payment online on our website on the 21st of the previous month, which is a week before your payment is due.

If you are paying monthly dues, you will make your monthly payments on the 1st of every month by 7pm ET. Otherwise, we will attempt to deduct your Dues for you on the 1st by end of day 7:01pm ET. Dues are prorated monthly (not daily) and are considered late by the 3rd of the month. Although there are no late fees, late payments will affect your membership. Your status is Pending Inactive by the third of the month if we have not received your payments. By the 8th of the month, your membership is considered Inactive if we have not received your dues. You will no longer be eligible for Member Benefits or have any Member Rights during this time, until you pay your dues. We recommend you make your renewal payments before the 21st of the month. If you make your payments after that time, we will apply that payment towards the next month and your membership status will remain Inactive until the 1st of the next month.

Fee Disclosure: Membership Dues come with a small payment processing fee for each payment, paid directly and automatically to third party payment processors. The total amount due is included and listed in the price you will pay, as posted. Subject to change. Currently, our processing fees for monthly dues are \$0.36 (EI), \$0.53 (EII), \$0.73 (EIII), \$1.36 (NV), \$3.44 (LV), and \$21.15 (V). Our processing fees for one-time annual dues are \$0.82 (EI), \$2.82 (EII), \$5.32 (EIII), \$12.82 (NV), \$37.82 (LV), and \$250.32 (V). You only have a fixed \$5 payment processing fee per each paper instrument, if you pay your dues with a paper check (personal, cashier's, certified) or with a paper USPS Money Order. Please make checks and USPS money orders payable to "TDNT Social Services Inc" and mail these checks and USPS money orders to "TDNT Social Services Inc, ATTN: Membership, PO Box 2213, Belle Glade, FL 33430." Checks must not be more than \$2000 per check and money orders must not be more than \$1000 per money order. If mailing 1 paper check or 1 USPS money order, the fee is \$5. If mailing 3 paper checks, the fee is \$15. If mailing 6 USPS money orders, the fee is \$30. Cash payments are based on availability and locally thru our Cash By Mobile Appointment program. Check with us if you'd like to meet at a local store or office in-person by appointment to pay your dues. Payments for membership dues are nonrefundable. We are not responsible for items or correspondence lost in the mail.

Applicant Information (Required)

1. Legal First Name *

2. Legal Middle Name

3. Legal Last Name *

4. Preferred or Chosen Name

5. Preferred Pronouns

Mark only one oval.

☐ He/Him

☐ She/Her

☐ They/Them

☐ Other: _____

6. Race *

Check all that apply.

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Black, Carribbean or Other American

☐ Black, Other

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Biracial/Multiracial [see Other]

☐ Other: _____

7. Email *

8. Mobile Phone Number *

9. Date of Birth (mm/dd/yyyy) *

10. Social Security Number or Taxpayer Identification Number
(SSN, TIN, or EIN are Optional; *Requested especially for* Voting Members and certain Committee Leaders; subject to a possible basic background check)
(your SSN, TIN, or EIN may also be used for the nonprofit to send you an IRS 1099-MISC or NEC form when our nonprofit pays you \$600 or more, except for reimbursements)

11. Residential Address (street, city, state, zip) *

12. Mailing Address (street or PO box, city, state, zip) *

13. Sex (listed on formal ID or important documents, enter the representative agent's sex if not applicable as in the case of a business, a trust, an organization or similar entities) *

Mark only one oval.

☐ Male

☐ Female

☐ Other:

14. Gender *

Mark only one oval.

- ☐ Male/Man
- ☐ Female/Woman
- ☐ Intersex (DSD)/Male Woman Nonbinary
- ☐ Trans Man
- ☐ Trans Woman
- ☐ Other: _____

Credit, Debit, or FSA Health Card Information (Required)

15. Card Type: *

Check all that apply.

- ☐ Visa
- ☐ MasterCard
- ☐ Discover
- ☐ American Express
- ☐ Diner's Club
- ☐ EnRoute
- ☐ JCB
- ☐ Other: _____

16. Cardholder Name (as it appears on card): *

17. Card Number (ex: 16-digit): *

18. CVV/CCV (ex: 3-4 digit): *

19. Expiration Date (MM/YY): *

20. Card Billing Zip Code: *

21. Cardholder E-mail Address: *

22. Cardholder Phone Number: *

23. Billing Address (Street, City, State, Zip): *

Bank Account Information (Additional Payment Option)

24. Account Type:

Check all that apply.

- ☐ Personal
- ☐ Business
- ☐ Checking
- ☐ Saving
- ☐ Other: _____

25. Accountholder Name (as shown on account):

26. Bank Name:

27. Routing/ABA Number:

28. Account Number:

29. Accountholder E-mail Address:

30. Accountholder Phone Number:

31. Billing Address (Street, City, State, Zip):

Membership Type

Choose an option (must be age 12+ to join Non-Voting, age 18+ to join Limited Voting, age 21+ to join Voting, and age 5+ to join Essential; age is measured in years; you can apply before you meet the age requirement; if you do, we will retain and process your payment with your application, and we will activate your membership as soon as you meet the age requirement)

32. Membership Name: *

Check all that apply.

- ☐ Voting Member (V) \$500 [\$521.15/month or \$6250.32/year]
- ☐ Limited Voting Member (LV) \$75 [\$78.44/month or \$937.82/year]
- ☐ Non-Voting Member (NV) \$25 [\$26.36/month or \$312.82/year]
- ☐ Essential III Member (EIII) \$10 [\$10.73/month or \$125.82/year]
- ☐ Essential II Member (EII) \$5 [\$5.53/month or \$62.82/year]
- ☐ Essential I Member (EI) \$1 [\$1.36/month or \$12.82/year]
- ☐ Other: _____

33. I want to pay my dues at this payment frequency: *

Mark only one oval.

- ☐ Every month (monthly dues)
- ☐ Every year (annual dues)
- ☐ Other: _____

Your Personal Statements for Membership Enrollment

We would love to hear how you being a valued member will promote TDNT Social Services, Inc.'s vision, mission and purpose. Help us reach more people. Tell us how you heard of us.

34. I can make a difference with TDNT Social Services, Inc by: *

35. Additional Comments:

36. **After reviewing more information, I'd like to also be a member of a committee:**

*

Check all that apply.

- ☐ Audit
- ☐ Creative
- ☐ Fundraising
- ☐ Marketing
- ☐ Outreach
- ☐ People
- ☐ Project
- ☐ Records
- ☐ Public Relations
- ☐ Research
- ☐ Other/Multiple [Include in your comment]
- ☐ Other: _____

37. **After reading the membership Policies, I'd like to sign up to lead or co-lead a committee. Here is/are the committee(s) that I'd like to lead or co-lead:**

*

38. **Here is how I'd like to make a difference by joining or leading the committee(s) of my choice:**

*

39. Do you hold any (special) relationships with anyone within the organization whether by friendship, neighbors, blood (relatives), marriage, in-laws or other? If so, who? What positions do they hold? What committees do they serve in and are they in any leadership positions that you know of? And how can you prevent any conflict of interest or incidents of professional boundary crossing or violations? *

40. Here is/are my relationship(s) to another/other member(s), officer(s) or director(s) of TDNT Social Services Inc. *

Check all that apply.

- ☐ N/A - I do not have any special relationships
- ☐ Spouse (Husband/Wife/Partner) - The member is my spouse.
- ☐ Dependent (Child) - The member is my parent.
- ☐ Dependent (Grandchild/Other) - The member can claim me as a dependent financially or on taxes.
- ☐ Other Relatives - The member is my child.
- ☐ Other Relatives - The member is my sibling (brother or sister, cousins).
- ☐ Other Relatives - The member is my in-law through marriage.
- ☐ Other - The member is my (best) friend.
- ☐ Other - The member is my neighbor.
- ☐ Other: _____

41. I understand that I MUST uphold the HIGHEST level of INTEGRITY and CONFIDENTIALITY as a Member of TDNT Social Services, Inc. Any information about the internal operations of our organization must not be shared outside of the course of regular business operation with anyone other than the Board Members, especially in ways that can be damaging or detrimental to the organization, whether that be our image, our finances or missed opportunities. Breach of confidentiality is ground for expulsion; and depending on the outcome, the organization or members of the public who are affected may seek legal recourse for damages. *

I understand that although I would like to lead that I may be restricted from joining certain committees or I may be required to have been an active member for at least 6 months before I can lead or co-lead certain committees. This is so that I may have ample opportunity to become familiar with the organization, the structure and the policies as well as the personnel or staff. This way, I will have gained the knowledge and experience required to succeed in this role.

I agree to provide my SSN, EIN or TIN as well as previous addresses in the event it is requested or required for a basic background check or for a 1099-MISC or NEC form. I understand that my information is safeguarded and will never be released to anyone without my express consent, unless it is required for billing and or payment processing.

I understand that in the event an ID badge is required, I may be required to submit a nice clean professional headshot picture of myself in order for the organization to create an ID badge or card for me.

I agree to treat members of this organization as well as members of the public or of the communities I serve with respect, care, and dignity. I must remain professional, responsible and accountable in my leadership service roles and I must utilize my interpersonal skills, compassion, and best judgment when interacting with the public while representing TDNT Social Services, Inc. This is for best practice.

I have reviewed the responsibilities for each membership as well as the committees. I understand that there are annual meetings and events that I may be required to attend, and that should I not be able to attend those that I must let the organization and the board know ahead of time.

Mark only one oval.

☐ I understand and I consent.

42. **Annual Income: ***

Mark only one oval.

☐ No Income

☐ \$15060 or less

☐ \$18825 or less

☐ \$22590 or less

☐ \$26355 or less

☐ \$30120 or more

☐ Other: _____

43. Generally, and as a valued member of TDNT Social Services Inc, your name may * be listed on our agenda issues, meeting notes as well as on the Members List online that some of our members will have access to. This is typically for recognition, belongingness and transparency. Our starting members from 2018 to 2022 are posted online on our website. See our About page. You may however choose to remain anonymous, if you prefer. We may use abbreviations as well as other systems and nomenclatures to keep your full name anonymous. Our executive officers, board of directors and non-executive as well as program managers may have access to your names on a need-to-know basis when necessary to operate the nonprofit. ***Would you like to keep your name anonymous when it comes to disclosing the names of our active members on different lists to the public and to other members?***

Mark only one oval.

- ☐ No, please show my name on your public and members lists. I want the recognition with the membership affiliation, especially if this will encourage others to join. I am a proud member of this great nonprofit for a good cause.
- ☐ Yes, please hide or obscure my name; but only on your public lists. I don't mind having other members view my name. I am proud to be a part of this great organization, but would also like some privacy.
- ☐ Yes, please hide or obscure my name on both your public and members lists. Although I am proud to be a member of this great nonprofit, I'd like to remain anonymous to the public and other members for privacy reasons or concerns.
- ☐ Other: _____

44. I am requesting anonymity as an active member for privacy reasons. Please document my name on public lists as such, as selected below, whenever you can. I understand that you may choose any of those or any others not listed here as long as my full name is not disclosed and I am essentially anonymous:

Check all that apply.

- ☐ Anonymous Member [also, anon mbr]
☐ Anonymous [also, anon]
☐ Undisclosed Member
☐ First name only [ex, John for John Doe]
☐ First name and last initial only [ex, John D. for John Doe]
☐ First and last initial only [ex, J.D. for John Doe]
☐ First initial and last name only [ex, J. Doe for John Doe]
☐ Last name only [ex, Doe for John Doe]
☐ Middle name only [ex, Alexander for John Alexander Doe]
☐ Other: _____

45. **Any suggestions, questions, concerns or additional comments? ***

46. **Today's Date (mm/dd/yyyy) ***

47. I, _____ (payee/member name), date of birth _____ (m/d/yyyy), authorize TDNT Social Services, Inc. and its parent and subsidiary agents to charge my credit card, debit card, and/or bank account for recurring (monthly, weekly or yearly) and one-time payments for agreed upon services and purchases. I understand my information will be saved to file for future authorized transactions on my account. Should this information no longer be valid or be changed, I will immediately contact TDNT Social Services, Inc. to update my information to prevent suspended service. Below on the line is the payee/member name and date of birth. *

48. Payee/ Member Name (First, Middle Initial, Last): *

49. Payee/ Member Signature: *

50. Date (m/d/yyyy): *

Example: January 7, 2019

Addendum

51. On _____(date m/d/yy), I, _____ (payee/ client name),
 enrolled in the _____ Plan and agreed to make
 reoccurring monthly, annual or weekly payments in the amount of \$_____ per
 _____ (month, year or week) to TDNT Social Services, Inc. starting on
 _____(date m/d/yy). It is my understanding that I will be billed this amount
 monthly, annually or weekly until I cancel. I agree to discuss this decision with
 TDNT Social Services, Inc.'s designated parties whether that be the Board
 Members, or other designated Staff members, including Program Staff members,
 prior to terminating this subscription or plan, essentially canceling future
 authorizations and suspending service. I agree to update my payment
 authorization and payment information with TDNT Social Services, Inc. whenever
 necessary and as appropriate in order to pay for services and purchases. Below
 on the line are today's date; the payee/client name; the service, subscription or
 program Plan that I am enrolling in; the amount I'm paying and the frequency as
 well as the date I'm starting my service or subscription.

52. Above are Plans or Services offered to me by TDNT Social Services, Inc. I have
 already requested the services I am interested in starting and I am also making
 my selections here to include all services I would like to start. I understand these
 services offered may change and that I will be notified of these changes upon
 request. I have reviewed and accepted the practice policies and cancellation
 policy of this nonprofit program. I authorize the release of any information
 necessary to process any transaction. I further understand that I am responsible
 for payments for services or products that I receive or purchase.

Check all that apply.

☐ I understand and I consent.

53. Payee/ Member Name (First, Last): *

54. Payee/ Member Signature: *

55. Date (m/d/yyyy): *

Example: January 7, 2019

Please DONATE Now

Gift \$0.66 to \$5795.70 or even [More!](#) Visit our websites and Take Action! Donate & Volunteer for a Great Cause! We donate to other charities as well. Any recommendations? When you donate to us, you establish a relationship with us and can become eligible for Program Service Discounts & Benefits! Try It!

56. Donate to Help us Support Community Members & Earn Incentives

Check all that apply.

- ☐ \$1 Donor
- ☐ \$10 Anytime Sporadic Blessings (Bronze)
- ☐ \$10 per month My Heart's Desire (Silver)
- ☐ \$20 per month Start Small (Gold)
- ☐ \$50 per month Philanthropist (Platinum)
- ☐ \$1000 per year Patronus Honoris (Diamond)
- ☐ \$5000 per year Honore Patronis (Titanium)
- ☐ Other: _____

A copy of the official registration and financial information may be obtained from the Division of Consumer Services by calling toll-free within the State. 1-800-435-7352 FDACS.gov. Registration does not imply endorsement, approval, or recommendation by the State. #CH65486

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