

1. Legal Name of Organization: _____
(This must be the EXACT legal name as it appears on their Notice of Federal Employer Identification Number/EIN.)

2. Organization's Employer's Identification # (EIN): _____
(Must be a 501(c)(3)-(19) tax exempt organization.)

3. Address of Organization: _____
(Street, Suite#, or P.O. Box)

(City) (State) (Zip Code)

4. Contact name: _____ & Title: _____

5. Organization Phone: (_____) _____ Fax: : (_____) _____

6. Descriptive Name of Trust: _____ Trust.
(The Trust will have a generic name for official use, but the descriptive name is for easy recognition.)

7. Name of Sponsoring Individual: _____

8. Full Address: _____

9. Phone #: (_____) _____ Email Address: _____

10. Name of Network Marketing Company: _____

11. Title of the Position Held By The Trust: _____
(For example: Representative, Agent, Distributor, Customer, IBO, etc.)

12. **Trustee Information # 1:** (Name) _____

(Address) (City) (State) (Zip Code)
(_____) _____
(Telephone Number of Trustee) (Email Address of Trustee)

13. **Trustee Information # 2:** (Name) _____

(Address) (City) (State) (Zip Code)
(_____) _____
(Telephone Number of Trustee) (Email Address of Trustee)

14. **Trustee Information # 3:** (Name) _____

(Address) (City) (State) (Zip Code)
(_____) _____
(Telephone Number of Trustee) (Email Address of Trustee)

15. The contribution for each Trust is **\$150.00**. Payable via our secure web site at www.thehiroad.ws. From there, click on the link to make your contribution directly to our NHF Foundation -- OR -- by Check/Money Order payable to The HiRoad Foundation and mailed directly to:
The HiRoad Foundation
c/o NHF
6201 Leesburg Pike, Suite 405
Falls Church, VA 22044-2201

16. How did you learn about The HiRoad Foundation? _____

X _____
(Signature of Sponsoring Individual)

_____/_____/_____
(Today's Date)