

# AHS-KC Corporate Membership Form

**Members** – This form will be filed with your membership application and a copy of the AHS Conduct Agreement and Waiver; this form and all accompanying documentation is subject to mandatory records retention policies of AHS-KC, in accordance to governing law.

**NOTE:** By signing this document you are entering into a legally binding agreement with Mo-Kan Educational Partners, doing business as AHS-KC. Upon completion deliver this document to an officer or director of AHS-KC.

## REQUIRED INFORMATION

Legal Name:	Date of Birth: / /	
Street Address:		
City:	State:	Zip Code:
You must present with this application a clear photocopy of a valid state or national identification document that includes a photograph to verify your date of birth and identity. This copy of your photo ID will be retained with this form in accordance with our record retention policies.		
ID Document Type:	ID #:	
Place of Issuance:	Date of Issuance: / /	

## TERMS OF CORPORATE MEMBERSHIP

- **Corporate members must be identified in a membership list retained by Mo-Kan Educational Partners; any corporate member may request to view and/or copy any information contained within the Mo-Kan Educational Partners membership list.**
- **Corporate members are entitled to additional considerations of process as defined in the Missouri Code of State Regulations, including but not limited to provisions of notice and appeal during procedures of termination of their membership.**
- **Corporate members are entitled to no additional rights or privileges, other than as defined in the bylaws of the corporation or as defined by Missouri Code of State Regulations.**

## DECLARATIONS

- **I understand that I am voluntarily requesting to be classified as a self-designated corporate member of AHS-KC.**
- **I understand that my status as a corporate member may be voluntarily withdrawn by me at any time by issuing a formal request in writing to the board of directors, and is subject to involuntary termination or reclassification in accordance with AHS-KC bylaws and as allowed by governing law.**
- **I understand that by self-designating as a corporate member of AHS-KC, my personal information recorded in this form will be retained by AHS-KC for up to seven (7) years after my membership is terminated or re-classified by me or by AHS-KC.**
- **I understand that my personal information recorded in this form will be made readily available upon formal request to all other corporate members of AHS-KC.**
- **I understand that I may at any time request to view the AHS-KC corporate membership list by issuing a formal request in writing to the board of directors.**
- **I understand that all such requests for information regarding the AHS-KC member list will be recorded in the minutes of the next meeting of the AHS-KC board of directors or operating committee.**

Signed X \_\_\_\_\_

Dated \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## FOR ADMINISTRATIVE USE ONLY

Received by:	Dated: / /
Application complete <input type="checkbox"/>	ID Photocopy Received <input type="checkbox"/>
Comments:	

MEMBER NUMBER:

STATUS: