## **Business Ownership/Management Certification Form**Addendum A

## ADDITIONAL OWNERS (OTHER THAN BENEFICIAL OWNERS ALREADY LISTED IN SECTION A AND B)

In order to determine membership eligibility, provide the following information for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns any percent of the equity interest of the legal entity listed on Page 4. Do not list partners, members, stockholders/owners, directors or members of the nonprofit already listed in the Certification of Owner(s) section (Section A).

Complete as many Addendum A forms as necessary to ensure each owner of the legal entity (regardless of percentage) is listed on either Section A on Page 5 or on an Addendum A form.

Owner									
Name		Primary	Primary ID No. and Type*		Country of Issuance*		☐ SSN or ☐ ITIN		Date of Birth
% of Ownership	Physical Address		City	State	ZIP	Phone		Meml	I bership Eligibility
Owner									
Name		Primary	Primary ID No. and Type*		Country of Issuance*		☐ SSN or ☐	ITIN Date of Birth	
% of Ownership	Physical Address	C	City	State	ZIP	Phone		Meml	bership Eligibility
Owner		•			•	_			
Name		Primary	Primary ID No. and Type*		Country of Issuance*		☐ SSN or ☐	ITIN Date of Birth	
% of Ownership	Physical Address		City	State	ZIP Phone			Membership Eligibility	
Owner									
Name		Primary	Primary ID No. and Type*		Country of Issuance*		☐ SSN or ☐	ITIN Date of Birth	
% of Ownership	of Ownership Physical Address		City State		ZIP Phone			Membership Eligibility	
Owner				·					
Name		Primary!	Primary ID No. and Type*		Country of Issuance*		□ SSN or □	ITIN Date of Birth	
% of Ownership Physical Address			City	State	ZIP	Phone		Membership Eligibility	
Owner									
Name P		Primary	ID No. and Type*	Country of Issuance*		☐ SSN or ☐	ITIN	Date of Birth	
% of Ownership	Physical Address	C	City	State	ZIP	Phone		Meml	bership Eligibility
Owner									
Name		Primary !	ID No. and Type*		Country of Iss	uance*	☐ SSN or ☐	ITIN	Date of Birth
% of Ownership	Physical Address	C	City	State	ZIP	Phone		Meml	bership Eligibility