



SCHOOL SUPPORT ORGANIZATIONS FORM

SCHOOL SUPPORT ORG. _____

COACH/SCHOOL NAME _____

FEDERAL ID # (EIN) _____ 501(C)(3) Status YES NO

TN SOS CONTROL # _____ Annual Report Current YES NO

SALES TAX EXEMPTION # _____ Skip if not applicable

President Name _____ CMCSS EE YES NO

Address _____

City _____ Zip _____

Phone # _____ Cell # _____

Email Address _____

V-President Name _____ CMCSS EE YES NO

Address _____

City _____ Zip _____

Phone # _____ Cell # _____

Email Address _____

Secretary Name _____ CMCSS EE YES NO

Address _____

City _____ Zip _____

Phone # _____ Cell # _____

Email Address _____

Treasurer * Name _____ **May not be a CMCSS Employee**

** Position may not be held by a CMCSS employee.* Address _____

City _____ Zip _____

Phone # _____ Cell # _____

Email Address _____

Election Date of New Officer(s) _____

Date New Officer(s) Begin Their Service _____

List Name of Custodian of All Records Appointed _____

ATTACH ADDITIONAL SHEET TO LIST ANY OTHER SSO ELECTED OFFICERS AND/OR ADDITIONAL NOTES

Principal's signature

Date Received