



General Member Application

The Alliance of Pooled Trusts (APT) has one mission: *to inform, educate and facilitate communication among Pooled Special Needs Trust providers by establishing and maintaining best practices for the benefit of the communities they serve.* We do this by offering ongoing education and informational support to our members.

By joining the Alliance of Pooled Trusts (APT), you become part of a national network focused on the administrations of Pooled Special Needs Trusts. As a member, you will help establish your organization among the leaders in the field and demonstrate your commitment to the service of persons with disabilities. You will have access to the latest industry news and enjoy affiliation with fellow leaders who shape the industry.

All interested organizations who align with APT's mission and meet the criteria shall be eligible for membership.

Eligibility Checklist for General Membership:

- Organization is a Charitable Entity as defined by the Internal Revenue Service under Section 501(c)(3) of the Internal Revenue Code.
- Master Pooled Trust Document is approved by the Social Security Administration.
- Master Pooled Trust Document is written in accordance with the guidelines for Special Needs Trusts published in your state(s) Medicaid Eligibility Handbook.
- Organization employs at least one FTE to administer the trust.
- Organization is managed by a Board of Directors that consists of at least three members.
- Organization holds directors and officers and professional liability insurance.
- An affirmation from the organization that if funds are retained by the organization upon the death of a pooled trust beneficiary, they are used to benefit people with disabilities and to further the mission of the organization.
- The organization must submit a copy of their master trust.
- The organization must submit a copy of their bylaws.



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ORGANIZATION CONTACT INFORMATION *(Please enter ALL the requested information.)*

Organization Name _____ CEO/Executive Director/President _____

Primary Contact Name _____ Phone _____ Email _____

Address (physical address – main office) _____ City _____ State _____ ZIP _____

Main Phone _____ Website _____ Non-Profit EIN _____

Please list states/jurisdictions in which your self-funded/first-party trust operates:

- We are a National PSNT serving all states.
- We are a National PSNT serving _____ region(s).
- We are a PSNT serving the following states:

Annual Membership Dues: \$500

Make check payable to Alliance of Pooled Trusts

Mail check, application and supporting documentation to:

Alliance of Pooled Trusts, c/o The Arc of Texas

8001 Centre Park Drive, Suite 100, Austin, Texas 78754

You may also email application and supporting documentation to info@aptrusts.org.

ORGANIZATION EXECUTIVE OFFICER *(Signature Required)*

Signature _____ Date _____