

DECLARATION AND VERIFICATION

DC/NOVA SRU LTD., and Referee agree that Referee shall be affiliated with **DC/NOVA SRU, LTD.** as an Independent contractor for Federal and State Income and Employment Tax purposes, and not as an employee. **DC/NOVA SRU, LTD.**, and Referee shall each file such Federal and State Tax Forms>Returns as may be required of each of them to report the income earned by Referee as an independent contractor. This relationship goes into effect upon the offering and acceptance of any assignments between **DC/NOVA SRU, LTD.** and the Referee.

Signature

Date

I, _____, verify that the following is my correct and current:
First Middle Last
(Print Full Legal Name)

Social Security Number: _____ / _____ / _____, Date of Birth: _____ / _____ / _____
(Provide Number) Month Day Year

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ - _____

Home Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

Fax Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Email address: _____

Alternate Email address: _____

This form may be copied as needed. It may be folded and sent to the address below or faxed to the number below. **You will not receive a check unless this form has been provided.**

Mail to: DC/NOVA SRU Ltd., 6609 Elk Park Ct., Alexandria, VA 22310-2402

Fax to: DC/NOVA SRU Ltd., (703) 924-2936

Or: Bring to the next Membership Meeting