



January 1, 2026

Dear Director:

The National Association of County Human Services Administrators (NACHSA) appreciates your past support and asks you to renew your 2026 dues today.

Last year, NACHSA advocated tirelessly on behalf of counties in an effort to protect critical programs from devastating cuts under H.R. 1, providing timely updates to members as lawmakers negotiated some of the most dramatic changes to SNAP and Medicaid in history. In partnership with other state and local associations and non-profit advocacy organizations, NACHSA also successfully protected key programs such as SSBG and TANF from similar cuts.

NACHSA continues to advocate for changes to the implementation of the reconciliation package to lessen its potential costs and administrative burden, while also creating opportunities for peer-exchange and access to innovative solutions for county agencies navigating this new human services landscape. We will also keep members informed of the unprecedented disruptions, delays and changing requirements occurring across a wide array of federal health and human services funding, while actively working with our federal partners to mitigate the negative impacts of these changes on county agencies and those they serve. Through the NACHSA e-Alert, in-person and virtual meetings and anticipated NACHSA webinars, county members will have insights into what to expect in those programs and many others.

To continue and expand our work, we need you as a dues-paying member. After 21 years of no dues increases, the Board in 2025 approved a very modest increase, amounting to a \$14 increase for the smallest counties to \$215 for counties over 500,000 population. 2026 Dues will remain at this level. As the only national organization focused solely on representing county administrators, NACHSA remains a great investment and adds value to the work you do every day.

Thank you in advance for your support and participation. Enclosed is an invoice which is based on county population. If you have any other questions, please contact Rachel Mackey at rm@paragonlobbying.com or call her at 516.270.5034.

Sincerely,

Debbie-Ann Anderson
NACHSA President
Director, Human Services, Union County, New Jersey

Calendar Year 2026 NACHSA Membership Dues Invoice

County/State:

County Population | Membership Dues Rate

Under 50,000 | \$143.00

Greater than 50,000 but less than 100,000 | \$150.00

Greater than 100,000 but less than 250,000 | \$363.00

Greater than 250,000 but less than 500,000 | \$750.00

Greater than 500,000 | \$1,525

Statewide Assn. of County Human Services Administrators | \$1,525

Contact Information

Name:

Title:

County/Department:

Address:

Telephone:

Email:

Please return this form with your dues to:

Roxane Somerlot, NACHSA Treasurer
Marion County Job & Family Services
363 W. Fairground St.
Marion, OH 43302

Please remit payment payable to: NACHSA

Federal Tax ID: 52-2082778

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

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2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☒ Other (see instructions) **Non profit association under Section 501(c)(3)**

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

363 West Fairground Street

6 City, state, and ZIP code

Marion, Ohio 43302

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

5 2 - 2 0 8 2 7 7 8

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person

Paul Mackey

Date **1/23/26**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they