

Please mail registration to:

Secretary of State Ken Bennett/Charities Division
1700 W. Washington, 7th Fl., Phoenix, AZ 85007

Walk-in service: Phoenix: 1700 W. Washington, 1st Fl., Room 103

Tucson: 400 W Congress, Ste 252

(602) 542-6187

(800) 458-5842 (within Arizona)

No Filing Fee Required



CHARITABLE ORGANIZATION REGISTRATION FORM

INITIAL REGISTRATION

RENEWAL (Annually September 1-30)

A.R.S. § 44-6552

Please TYPE or PRINT.

1. Name and Address Information:

Name of Charitable Organization: _____

Previous Name Registered if Changed: _____

D.B.A.: _____

Business Address: _____

City: _____

State: _____

Zip: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Telephone Number: _____

Toll Free Telephone _____

Internet address _____

2. Describe the purpose of the charitable organization:

3. Officers and Directors: (Attach more sheets if necessary)

A: Office Held: _____

Name: _____

Business Address: _____

City: _____

State: _____

Zip: _____

Telephone Number: _____

Officers and Directors continued

B: Office Held:

Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

C: Office Held:

Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

D: Office Held:

Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

4. **Describe below any conviction of a felony substantially related to solicitation by any employee, member, officer or director who has any solicitation responsibilities on behalf of the organization or any other person holding any proprietary or beneficial interest in the charitable organization, unless the civil rights have been restored.**

Name: _____

Date of Offense: _____

Place of Offense: _____

Nature of Offense: _____

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

5. Method, Locations:

Give a general description that the charitable organization, or any of its solicitors, will use to solicit contributions:

Methods: _____

Locations: _____

6. Duration of Solicitation Period this fiscal year:

7. Please attach one of the following financial reports from previous fiscal year. If submitting an initial registration, submit IRS's written determination that the organization is exempt from taxes in lieu of a financial report.

- Secretary of State's Charitable Organization Financial Statement
- IRS Form 990 from previous fiscal year
- Web address where financial records are available _____

8. Contracted Fundraisers (all contracted fund raisers must be listed)

Name of Fundraiser: _____
Contact Person: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____

Is the listed contracted fundraiser used for consulting only? Yes No

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

9. Signature and Notary

*** This form requires the Notarized Signatures of Any Two Officers.**

I, the undersigned, being duly sworn, affirm and say that this Charitable Organization Registration Form is complete, true and correct.

Printed Name of President
or Equivalent Officer

Signature of President
or Equivalent Officer

State of _____
County of _____

Subscribed and sworn to before me this _____ day of _____

Signature of Notary Public

I, the undersigned, being duly sworn, affirm and say that this Charitable Organization Registration Form is complete, true and correct.

Printed Name of Secretary
or Equivalent Officer

Signature of Secretary
or Equivalent Officer

State of _____
County of _____

Subscribed and sworn to before me this _____ day of _____

Signature of Notary Public