

**ATTORNEY GENERAL OF THE STATE OF NEW YORK  
CHARITIES BUREAU**

**REGISTRATION CURE PROGRAM  
APPLICATION**

*This form should accompany filings submitted by organizations  
participating in the Registration Cure Program*

Name of Organization \_\_\_\_\_

Charities Bureau ID Number (If Registered) \_\_\_\_\_

(This number is available by searching your organization on the Charities Registry at  
[http://bartlett.oag.state.ny.us/Char\\_Forms/search\\_charities.jsp](http://bartlett.oag.state.ny.us/Char_Forms/search_charities.jsp))

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Web Address \_\_\_\_\_

Years for which filings are being submitted:

**2007**

**2008**

**2009**

Total filing fees included (make check payable to NYS Dept. of Law) \$ \_\_\_\_\_

Please send all filings and payments to:

**Charities Bureau, Delinquency Section  
120 Broadway – 3<sup>rd</sup> Floor  
New York, New York 10271**