



**State of Arizona
Charitable Organization
Religious Organization Registration**

Mail to: Arizona Secretary of State Ken Bennett
Attention: Business Services, Charities Division
400 West Congress, 2nd Floor Room 252, Tucson, AZ 85701
(602) 542-6187 (800) 458-5842 (within Arizona)
Website: www.azsos.gov

REGISTRATION # _____
Do NOT WRITE IN THIS SPACE

FOR OFFICE USE ONLY – REV. 07/26/12

RELIGIOUS ORGANIZATION REGISTRATION ~ A.R.S. § 44-6552(F)

About this form

Use this application to register or renew a Religious Organization under A.R.S. § 44-6552(F). A copy of this law is available at www.azsos.gov.

Filing Fee: None

Processing: by mail, one week

Failure to Renew by Deadline: The deadline to file a renewal notice is September 30 of each year. A late fee will be assessed if the renewal is received after this date.

Late Fee: \$25

Payment: If filing late make a check or money order payable to the *Secretary of State* and include it with this application. Credit cards are not accepted.

How to complete this form

- This form must be written legibly or computer generated for accuracy of your registration. This form has been designed to be filled out and printed online at the website referenced above.
- Read this application carefully, and fill in all blank spaces. If an item is not applicable, write "N/A" in the space.
- The registration form requires notarized signatures of any TWO officers.

File by mail to the address above or the Phoenix location, or

Return in person at the following locations:

PHOENIX - State Capitol Executive Tower 1700 W. Washington Street First Floor, Room 103	TUCSON - Arizona State Complex Building 400 W. Congress Second Floor, Room 252
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These locations are open Monday through Friday, 8 a.m. to 5 p.m. except state holidays.

Registration Statement ~ Financial Disclosure

Any charitable organization that is a bona fide and duly constituted religious institution and any other entity that is an integral part of a religious institution shall file the registration statement prescribed in this section [A.R.S. § 44-6552(F)] but is not required to file any financial disclosure information prescribed by the secretary of state pursuant to this section if all of the following apply:

1. The religious institution or entity is a tax exempt institution or entity pursuant to the internal revenue code.
2. No part of the religious institution's or entity's net income inures to the direct benefit of any individual.
3. The religious institution or entity only solicits monies from the institution's or entity's membership, congregation or previous donors and the institution's or entity's conduct and fees charged for services are primarily supported and paid through government grants or contracts.

Please Type or Print

Check One: Initial Registration Renewal (If filed after September 30, please include a \$25 check. See "Late Fee" above)

1. Name and Address Information

Name of Charitable Organization			
Doing Business As (DBA)			
Former Name of Charitable Organization (if changed since last filing)			

Charitable Organization Business Address

Business Address (include street, box or suite number)	City	State	Zip Code
Is this a NEW business address? <input type="checkbox"/> YES <input type="checkbox"/> NO		Business Phone Number (include area code)	

Charitable Organization Mailing Address

Mailing Address (include street, box or suite number)	City	State	Zip Code
Is this a NEW mailing address? <input type="checkbox"/> YES <input type="checkbox"/> NO		Toll Free Number	

Internet Address



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2. Describe the purpose of the charitable organization:

3. Officers and Directors (attach additional sheets if necessary)

	Title or Office Held	First & Last Name	Business Address (number and street, room/ suite, city/town, state, zip code)	Telephone Number (include area code)
A.				
B.				
C.				
D.				
E.				
F.				
G.				

4. Disclosure of Conviction(s) (attach additional sheets if necessary)

Describe below any conviction or plea of no contest to a felony or misdemeanor involving fraud, dishonesty, false statement or the receipt or the expectation of receipt of anything of pecuniary value or a violation of A.R.S. Title 44, Chapter 9, Article 6, of any employee or member of the charitable organization.

First & Last Name	Title	Date of Offense (month/day/year)
Place of Offense		Nature of Offense
First & Last Name	Title	Date of Offense (month/day/year)
Place of Offense		Nature of Offense

5. Methods, Locations

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

Methods	<input type="checkbox"/> mail <input type="checkbox"/> telephone <input type="checkbox"/> personal contact <input type="checkbox"/> radio/television <input type="checkbox"/> special events <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> membership <input type="checkbox"/> newspapers/magazines <input type="checkbox"/> internet <input type="checkbox"/> grants _____
Locations	<input type="checkbox"/> State of Arizona <input type="checkbox"/> National (U.S.A.) <input type="checkbox"/> Worldwide <input type="checkbox"/> Other (specify) _____



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6. Duration of Solicitation Period this Fiscal Year

Month	Day	Year	to	Month	Day	Year	or Total Number of Days

7. Signature and Notarization

This form requires the notarized signatures of any two officers.

OFFICER or DIRECTOR # 1

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

Printed Name of Officer	Printed Title of Officer	Signature of Officer
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State of _____)

County of _____)

Subscribed and sworn to before me this _____ day of

 Month Year

Notary Seal

 Notary Public Signature

OFFICER or DIRECTOR # 2

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

Printed Name of Officer	Printed Title of Officer	Signature of Officer
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State of _____)

County of _____)

Subscribed and sworn to before me this _____ day of

 Month Year

Notary Seal

 Notary Public Signature