



State of Arizona
Charitable Organization Registration/Renewal

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. 06/10/10

CHARITABLE ORGANIZATION REGISTRATION/RENEWAL (A.R.S. § 44-6552)

About this form

Use this application to register or renew a Charitable Organization registration under A.R.S. Title 44, Chapter 19, Article 3.

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	TUCSON - Arizona State
Executive Tower	Complex Building
1700 W. Washington Street	400 W. Congress
First Floor, Room 103	Second Floor, Room 252

These locations are open Monday through Friday, 8 a.m. to 5 p.m. except state holidays.

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			

2. Describe the purpose of the charitable organization:



State of Arizona
CHARITABLE ORGANIZATION REGISTRATION/RENEWAL FORM
Arizona Secretary of State's Office

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 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.

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)		

6. Duration of Solicitation Period this Fiscal Year

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



State of Arizona
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Arizona Secretary of State's Office

7. Financial Report(s)

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. Please check the appropriate box.

☐ Secretary of State's Charitable Organization Financial Statement

☐ IRS Form 990 from previous fiscal year (First two pages only or 990-EZ are acceptable)

☐ Web address where financial records are available. If not applicable, insert "N/A"

8. Contracted Fundraisers (all contracted fundraisers must be listed, attach additional sheets if necessary)

Name of Fundraiser	Contact Person First & Last Name	Business Address (number and street, room/ suite, city/town, state, zip code)	Telephone Number (include area code)
Is the listed contracted fundraiser listed above for consulting only?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the listed contracted fundraiser listed above for consulting only?			<input type="checkbox"/> YES <input type="checkbox"/> NO

9. 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