

Please mail Registration to:

Registration Number _____

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

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

Tucson office: 400 W. Congress, Ste. 252

(602) 542-6187

(800) 458-5842 (within Arizona)

No Filing Fee Required



RELIGIOUS ORGANIZATION REGISTRATION FORM

INITIAL REGISTRATION

RENEWAL (Annually September 1-30)

A.R.S. 44-6552 F

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 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.

1. Name and Address Information:

Name of Organization: _____

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 religious organization:

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

A: Office Held: _____
Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____

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: _____

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. Duration of Solicitation Period this fiscal year:

6. Method, Locations:

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

Methods: _____

Locations: _____

7. Signature and Notary

I, the undersigned, being duly sworn, affirm and say that this Religious 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 Religious 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

REV 2006