



MICHELE REAGAN
Secretary of State

**State of Arizona – Office of the Secretary of State
American Veteran’s Organization
Registration Statement**

SEND BY MAIL TO:

Secretary of State Michele Reagan, Atten: Business Services
1700 W. Washington Street, FL. 7, Phoenix, AZ 85007-2808

OR return this application in person:

PHOENIX - State Capitol Executive Tower, TUCSON - Arizona State Complex,
1700 W. Washington Street, 1st Fl., Room 103 400 W. Congress, 1st Fl., Suite 141
Office Hours: Monday through Friday, 8 a.m. to 5 p.m., except state holidays.

DO NOT WRITE IN THIS SPACE

**FOR OFFICE USE ONLY
SOSBSVET REV. 1/5/2015**

PLEASE NOTE: This filing is not intended to reflect on the quality of services rendered by veteran's organizations.

APPLICANT INSTRUCTIONS

Use this application to register an American Veteran’s Organization soliciting money or support under A.R.S. § 13-3722(A). Use this form to amend a filed registration. This application must be signed, dated and notarized. A person/organization who does not file this registration is guilty of a class 3 misdemeanor under A.R.S. § 13-3722(B).

Processing: 2-3 weeks

Be Accurate: Complete all applicable fields on this form. Write legibly; or fill out this application online at www.azsos.gov and print it.

Questions? Call (602) 542-6187; in-state/toll-free (800) 458-5842.

Website: All forms are available on the Secretary of State’s website, www.azsos.gov.

Check Initial Registration Amendment (Includes name, address or phone number change, or contact change)

1. Name

Name of Organization	Organization Date:	Month	Day	Year
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2. Headquarters Business Address

Business Address (include street, box or suite number)	City	State	Zip Code
Business Phone Number (include area code) ()	Website		

3. Contact Information

Presiding/Executive Officer, or President, or Director Information

First Name	Last Name	Title
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Primary Organization Contact

First Name	Last Name	Title	
Mailing Address (include street, box or suite number)	City	State	Zip Code
Business Phone Number (include area code) ()	Website		

4. Financial Report

Attach **one** IRS Form 990 from previous fiscal year (First two pages only or 990-EZ are acceptable).

5. Signature and Notarization

OFFICER/PRESIDENT/DIRECTOR (As listed under Section #3 of this registration)

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

Printed First Name of Officer	Printed Last Name 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