

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF BUSINESS REGULATION
SECURITIES DIVISION
CHARITABLE ORGANIZATIONS SECTION
233 RICHMOND STREET, SUITE 232
PROVIDENCE, RI 02903-4232

APPLICATION FOR PROFESSIONAL FUNDRAISER

INITIAL APPLICATION

RENEWAL APPLICATION

EIN#: _____

ANNUAL EXPIRATION: June 30th

ANNUAL FEE: \$200.00

1. NAME OF ORGANIZATION: _____

2. ADDRESS: _____

3. DATE / PLACE OF ORGANIZATION: _____

4. FORM OF ORGANIZATION: _____

5. BOND (If required by R.I.G.L. 5-53.1-8):

6. COPY OF ALL CONTRACT(S)
WITH CHARITABLE ORGANIZATION(S): _____
(Must be submitted within ten (10) days after signing, pursuant to R.I.G.L 5-53.1-9)

7. NAMES, ADDRESSES OF ALL OFFICERS, AGENTS AND EMPLOYEES-ATTACHED.

***I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE READ THIS APPLICATION
AND KNOW THAT ALL STATEMENTS THEREIN ARE TRUE.***

(Applicant Name)

(Authorized Name, Title and Phone Number)

(Date)

NOTARY:
(rev. 6/3/2004)