

Contact Information

Kansas Secretary of State
Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594
(785) 296-4564
kssos@sos.ks.gov
www.sos.ks.gov

**KANSAS SECRETARY OF STATE
Professional Fund Raiser Application**

PR
90-05

All information must be completed or this document will not be accepted for filing.

1. Name of professional fund raiser: _____

2. Any other names used by the fund raiser: _____

3. Applies for: *(Check one)*

registration

re-registration

4. Address of the principal place of business: _____

Street address

_____ City _____ State _____ Zip

5. Address of any office or location in Kansas: _____

Street address

_____ City _____ State _____ Zip

6. Form of organization:

Sole proprietorship

Partnership

Corporation

Limited liability company

Limited partnership

Other _____
describe

7. Names and addresses of officers, directors, partners, members or other persons holding management positions:

Names

Addresses

Title

Do not write in this space

8. Other states in which the fund raiser is registered:

9. Attached hereto are all contracts entered into between me and charitable organizations to act as a professional fund raiser or form PO for each charitable organization.

10. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Executed on the _____ of _____, _____.
Day Month Year

Signature of applicant

Date of application

Street address City State Zip

Instructions

1. Please enclose the \$25 filing fee made payable to the Secretary of State with the form. Do not send cash.
2. This registration/re-registration shall be for a period of one year, or a part thereof, expiring on the 30th day of June and may be renewed upon written application, under oath, in the form prescribed by the Secretary of State for additional one-year periods.

Notice: There is a \$25 service fee for all returned checks.