

**PR**  
90-05

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

**Kansas Office of the Secretary of State:**

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

The following form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

Save time and money by filing your forms online at **www.sos.ks.gov**. There, you can also stay up-to-date on your organization's status, annual report due date, and contact addresses.

<input type="checkbox"/> <b>Filing fee</b>	The filing fee for this form is <b>\$25</b> .
<input type="checkbox"/> <b>Payment</b>	Please enclose a check or money order payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. Please do not send cash. <b>NOTICE: There is a \$25 service fee for all checks returned by your financial institution. Also, to expedite processing, please do not use staples on your documents or to attach checks.</b>
<input type="checkbox"/> <b>Registration/Renewal</b>	This registration/renewal 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.

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Professional Fund Raiser Application**

**Kansas Secretary of State, Audit Manager:**

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

THIS SPACE FOR OFFICE USE ONLY.

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

**1. Date:**

Month	Day	Year
7	1	

to

Month	Day	Year
6	30	

**2. Applies for: (Check one)**

New registration  Renewal

**3. Name of the professional fund raiser:**

Name
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**4. Any other names used by the fund raiser:**

Name
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**5. Address of the principal place of business:**

Address		
City	State	Zip

**6. Address of any office or location in Kansas:**

Address		
City	State <b>KS</b>	Zip



**7. Form of organization**

- Sole proprietorship       Partnership       Corporation  
 Limited Liability company       Limited partnership       Other

If other, describe

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

Name	Address	Title

**9. Other states in which the fund raiser is registered:**

State

**10. Please attach a PO Form for all charitable organizations.**

Attached hereto are all PO Forms entered into between me and charitable organizations to act as a professional fund raiser.

**11. I declare under penalty of perjury that the foregoing is true and correct pursuant to K.S.A. 17-6003(b).**

Executed on

Month	Day	Year
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Authorized Agent

Signature

X