



Kansas Attorney General

Derek Schmidt

Consumer Protection Division
120 SW 10th Avenue, 2nd Floor
Topeka, KS 66612-1597

PHONE: (785) 296-3751 or (800) 432-2310 (toll free in Kansas)

FAX: (785) 291-3699 • www.InYourCornerKansas.org

Professional Fund Raiser Application

<input type="checkbox"/> Filing fee	The filing fee for this form is \$25 .
<input type="checkbox"/> Payment	Please enclose a check or money order payable to the Kansas Attorney General. Forms received without the appropriate fee will not be accepted for filing. Please do not send cash.
<input type="checkbox"/> Registration/Renewal	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 Attorney General for additional one-year periods.



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Professional Fund Raiser Application

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

4. Any other names used by the fund raiser:

Name

5. Address of the principal place of business:

Address		
City	State	Zip

6. Address of any office or location in Kansas:

Address		
City	State	Zip
	KS	

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
Name	Address	Title
Name	Address	Title
Name	Address	Title
Name	Address	Title
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