

**OFFICE OF THE SECRETARY OF STATE
VETERANS ORGANIZATION SOLICITATION REGISTRATION STATEMENT**

____New ____Renewal (Please print or type. Attach additional sheets if necessary.)

1. **Name of Organization:** _____

Type of Organization: (Corporation, unincorporated entity, partnership, etc.)

Mailing Address: _____

Telephone Number: (_____) _____

2. **List the name, street address, and telephone number of each solicitor that will solicit on behalf of your organization.**

3. **List the name, street address, and telephone number of each veterans organization or fund on behalf of which all or part of the contributions will be used, or, if there is no organization or fund, a statement describing the manner in which the contributions will be used.**

4. **State whether this organization or fund solicits in person, by telephone and/or mail.**

5. **Does this organization have a charitable tax exemption under state law?**

_____ **Under federal law?** _____

What is the basis for exemption? _____

6. List the names of veterans who are on the board of directors or the governing body of this organization or fund for which contributions are solicited, if any.

7. How many of your members are veterans as determined on December 31 of last year?

8. What percentage of the members of your organization are veterans as determined on December 31 of last year?

9. List the name of each local, chapter, lodge, association or group of veterans that is a member of the organization filing registration for which contributions are solicited, if any.

10. Have you filed an Internal Revenue Service Form 990? Yes _____ No _____ If yes, attach a copy of the one most recently filed.

11. The name, address, and telephone number of the company that issued the surety bond for this organization is:

12. Is this organization chartered by the United States Congress? _____

If so, give charter number. _____

13. Number of counties in which you solicit. _____

