

**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.

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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.

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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? \_\_\_\_\_**

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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.

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

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

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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.

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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:

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

If so, give charter number. \_\_\_\_\_

13. Number of counties in which you solicit. \_\_\_\_\_

**14. Has this organization ever forfeited a bond under this Act? \_\_\_\_\_**

**If so, how many?** \_\_\_\_\_

**What was (were) the date(s) of forfeiture? \_\_\_\_\_**

**Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.**

(Signature)

**(Typed or Printed Name & Title)**

## **INFORMATION AND INSTRUCTIONS**

**Return the registration/renewal form and surety bond with the filing fee of \$150.00 to:**

**SECRETARY OF STATE  
Registrations Unit  
P. O. Box 13193  
Austin, TX 78711-3193**

For delivery:

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**James Earl Rudder Office Building,  
1019 Brazos, 5<sup>th</sup> Floor  
Austin, Texas 78701**

**PLEASE NOTE: IF THE VETERANS ORGANIZATION RECEIVED MORE THAN \$500 IN SOLICITED FUNDS DURING THE PRECEDING CALENDAR YEAR, IT MUST FILE A VETERANS ORGANIZATION ANNUAL REPORT WITH THE SECRETARY OF STATE. REPORT FORMS CAN BE OBTAINED FROM THE ABOVE ADDRESS.**