

Identify commercial fundraiser's activities:

- | | | |
|--|--|--|
| <input type="checkbox"/> Auction | <input type="checkbox"/> Advertising Sales | <input type="checkbox"/> Baby Pageant |
| <input type="checkbox"/> Beauty Pageant | <input type="checkbox"/> Car Donations | <input type="checkbox"/> Circus |
| <input type="checkbox"/> Concert | <input type="checkbox"/> Dinner | <input type="checkbox"/> Direct Mail |
| <input type="checkbox"/> Discount Coupons | <input type="checkbox"/> Door-to-Door Solicitation | <input type="checkbox"/> Entertainment Event |
| <input type="checkbox"/> Honor Boxes | <input type="checkbox"/> Magazine Sales | <input type="checkbox"/> Publication |
| <input type="checkbox"/> Salvageable Personal Property | <input type="checkbox"/> Safety Products | <input type="checkbox"/> Sports Event |
| <input type="checkbox"/> Telemarketing | <input type="checkbox"/> Telephone Solicitation | <input type="checkbox"/> Theater |
| <input type="checkbox"/> Thrift Store | <input type="checkbox"/> Trash Bags | <input type="checkbox"/> Vending Machines |
| <input type="checkbox"/> Other: | | |

Does any officer, director, partner, or owner of the commercial fundraiser have any affiliation with-or-control, directly or indirectly, the charitable organization for which the commercial fundraiser has contracted to solicit?

- Yes No

If "yes," complete the following:

Name of officer, director, partner or owner of commercial fundraiser	Name and address of charitable organization	Relationship of officer, etc. to charitable organization

For each affiliation identified above, attach a copy of the contract between the commercial fundraiser and the charity.

Has the commercial fundraiser ever had any license, registration or permit denied, canceled, suspended or revoked, or had any official disciplinary or legal action taken against it? Is any such action currently pending against the commercial fundraiser or any of its representatives in relation to any fundraising activity?

- Yes No

If "yes," complete the following:

Name and address of government agency bringing action	Nature of action. Indicate against whom action was taken and disposition	Date

- "X" box if attachments are included.

I certify under penalty of perjury that I am authorized to sign this registration form and that the information provided herein, including attachments, is true and complete to the best of my knowledge and belief.

Signature Printed Name Title Date