



4. Enter the state and country in which the organization was legally established, as well as the date of establishment:  
State \_\_\_\_\_ Country \_\_\_\_\_ Date \_\_\_\_\_  
(mo/day/year)

5. Form of organization. Check one:  \*\* Corporation (includes all nonprofit [i.e. 501(c)3] and for profit corporations)  
 Association  Other \_\_\_\_\_  
(Please Specify)

**\*\* All corporations must provide a name and street address for a registered agent.**

\_\_\_\_\_  
Name (This cannot be the name of the organization)

\_\_\_\_\_  
Street Address (PO Box cannot be accepted) City State Zip Code

6. Complete A or B, whichever applies: **(6A or 6B must be a street address, not a PO Box)**

A. Principal address of the organization:

\_\_\_\_\_  
Street Address, City, State, Zip Code

B. If the organization does not maintain an office, please provide the name and address of the person having custody of the organization's financial records:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address, City, State, Zip Code

7. Addresses of any of your organization's offices in South Carolina. Attach a list if necessary.

\_\_\_\_\_  
Name Address, City, State, Zip Code

8. Names and addresses of any chapters, branches or affiliates of your organization in South Carolina. Attach a list if necessary.

\_\_\_\_\_  
Name Address, City, State, Zip Code

9. **For the current fiscal year**, please provide the names and addresses of your organization's officers, directors, trustees, and board members. Attach a list if necessary.

\_\_\_\_\_  
Name Address, City, State, Zip Code Title

\_\_\_\_\_  
Name Address, City, State, Zip Code Title

\_\_\_\_\_  
Name Address, City, State, Zip Code Title

\_\_\_\_\_  
Name Address, City, State, Zip Code Title

10. Check all states in which your organization is authorized to solicit contributions.

AL		AK		AR		AZ		CA		CO		CT		DC		DE	
FL		GA		HI		IA		ID		IL		IN		KS		KY	
LA		MA		MD		ME		MI		MN		MO		MS		MT	
NC		ND		NE		NH		NJ		NM		NV		NY		OH	
OK		OR		PA		PR		RI		SC		SD		TN		TX	
UT		VA		VT		WA		WI		WV		WY					

If any other governmental authority that is not listed above has authorized your organization to solicit contributions, enter the name of the governmental authority. Attach a list if necessary. \_\_\_\_\_

11. Check up to three boxes below that best describe the general purpose for which solicited contributions are to be used.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> A. <b>Arts, Culture, Humanities</b><br>(inc. historical)<br><input type="checkbox"/> B. <b>Educational Institutions</b><br>(inc. literacy)<br><input type="checkbox"/> C. <b>Environment, Beautification</b><br>(inc. gardening, outdoor education)<br><input type="checkbox"/> D. <b>Animal-Related</b><br>(inc. wildlife sanctuaries)<br><input type="checkbox"/> E. <b>Health-General, Rehabilitative</b><br>(inc. nursing, family planning)<br><input type="checkbox"/> F. <b>Mental Health, Crisis Intervention</b><br>(inc. alcoholism, services for rape and abuse victims)<br><input type="checkbox"/> G. <b>Disease, Disorders, Medical Disciplines</b><br><input type="checkbox"/> H. <b>Medical Research</b><br><input type="checkbox"/> I. <b>Crime, Legal-Related</b><br>(inc. prevention of abuse, delinquency)<br><input type="checkbox"/> J. <b>Employment, Job-Related</b><br>(inc. voc. rehabilitation, unions)<br><input type="checkbox"/> K. <b>Agriculture, Food, Nutrition</b><br>(inc. livestock breeding) | <input type="checkbox"/> L. <b>Housing, Shelter</b><br>(inc. senior citizen housing)<br><input type="checkbox"/> M. <b>Public Safety, Disaster Preparedness and Relief</b><br>(inc. rescue squads, auto safety)<br><input type="checkbox"/> N. <b>Recreation, Sports, Leisure, Athletics</b><br>(inc. social clubs, Special Olympics)<br><input type="checkbox"/> O. <b>Youth Development</b><br><input type="checkbox"/> P. <b>Human Services</b><br>(inc. thrift stores, YMCAs and YWCAs, hearing- or sight-impaired orgs.)<br><input type="checkbox"/> Q. <b>International, Foreign Affairs, National Security</b> (inc. cultural exchange)<br><input type="checkbox"/> R. <b>Civil Rights, Social Action, Advocacy</b> (inc. right to life and right to die, reproductive rights)<br><input type="checkbox"/> S. <b>Community Improvement, Capacity Building</b><br>(inc. neighborhood associations, service clubs, bus. development) | <input type="checkbox"/> T. <b>Philanthropy, Volunteerism, Grant-making</b> (inc. foundations)<br><input type="checkbox"/> U. <b>Science and Technology Research Institutes</b><br>(inc. computer science, engineering)<br><input type="checkbox"/> V. <b>Social Sciences Institutes</b><br>(inc. institutes for studies on population, minorities and economics)<br><input type="checkbox"/> W. <b>Public Affairs, Society Benefit</b><br>(inc. citizen participation, consumer protection, veterans' orgs., leadership development)<br><input type="checkbox"/> X. <b>Religion, Spiritual Development</b><br>(inc. religious broadcasters and interfaith coalitions)<br><input type="checkbox"/> Y. <b>Mutual / Membership Benefit</b><br>(inc. fraternal organizations, cemeteries)<br><input type="checkbox"/> Z. <b>Unknown, Other</b><br>Please Specify: _____ |
|--|---|--|

12. Is your organization currently, or has it in the past, been the subject of a legal or administrative action concerning a charitable solicitation, fundraising campaign, or campaign with a commercial co-venturer by another local, state or federal governmental authority including, but not limited to, registration or license revocation or denial, fines, injunctions or suspensions? [ ] YES [ ] NO If "Yes," please attach an explanation of all actions.
13. Have any of the organization's officers, directors, trustees or board members been the subject of a criminal conviction, including guilty or nolo contendere pleas, involving any charitable solicitations act, fraud, dishonesty, or false statement in a jurisdiction within the United States? [ ] YES [ ] NO If "Yes," please attach a description and date of any such conviction.
14. If any of the charitable organization's officers, directors, trustees or board members are related to one another by blood, marriage or adoption, please provide a statement as to the relationship(s).  
\_\_\_\_\_
15. If any of the charitable organization's officers, directors, trustees or board members are related by blood, marriage or adoption to a director or officer of a professional fundraising counsel or professional solicitor under contract with the charitable organization, please provide a statement as to the relationship(s).  
\_\_\_\_\_

16. If your organization intends to use a professional solicitor, professional fundraising counsel, or commercial co-venturer, or hire individuals to solicit, please list their names and contact information. Attach a list if necessary.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address, City, State, Zip Code

\_\_\_\_\_  
I certify that the information furnished in this application and all attached supplementary information is true and correct to the best of my knowledge, information and belief. I understand that the giving of false or incorrect information may constitute a misdemeanor carrying a penalty upon conviction of a fine of not more than two thousand dollars or imprisonment for not more than one year, or both, for a first offense. A second or subsequent offense may constitute a felony carrying a penalty upon conviction of a fine of not more than five thousand dollars or imprisonment of not more than five years, or both.

**CHIEF FINANCIAL OFFICER / TREASURER**

**CHIEF EXECUTIVE OFFICER / PRESIDENT**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

**\* The persons signing this form as CEO/President and CFO/Treasurer must be designated as such on the current fiscal year's list of officers, directors, trustees, and board members. If not, the registration will be returned for correction.**