



Solicitor

Registration statement

Return to: Missouri Attorney General's Office
Attention: Rhonda Johnson
PO Box 899
Jefferson City, MO 65102

SEND
NO FEE

MISSOURI ATTORNEY GENERAL
CHRIS KOSTER

573-751-3321
ago.mo.gov

PFR file reference No. _____

Organization _____

SOLICITOR INFORMATION

NAME _____ DATE OF BIRTH (MM-DD-YY) _____ () —
PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____

PREVIOUS WORK EXPERIENCE OVER PAST FIVE YEARS (EXCLUDE PROFESSIONAL FUNDRAISING)

NAME OF EMPLOYER _____	JOB TITLE _____	JOB LENGTH _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
NAME OF EMPLOYER _____	JOB TITLE _____	JOB LENGTH _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
NAME OF EMPLOYER _____	JOB TITLE _____	JOB LENGTH _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
NAME OF EMPLOYER _____	JOB TITLE _____	JOB LENGTH _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____

PREVIOUS WORK AS SOLICITOR FOR FUNDRAISING ORGANIZATION (INCLUDE HOW PAID SUCH AS RATE PER HOUR OR PERCENTAGE OF FUNDS)

NAME OF ORGANIZATION _____	WAGE TERMS _____	JOB LENGTH _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
NAME OF ORGANIZATION _____	WAGE TERMS _____	JOB LENGTH _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
NAME OF ORGANIZATION _____	WAGE TERMS _____	JOB LENGTH _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
NAME OF ORGANIZATION _____	WAGE TERMS _____	JOB LENGTH _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____

ARE YOU LICENSED BY, REGISTERED WITH, OR HAVE A PERMIT FROM ANY OTHER GOVERNMENTAL AGENCY FOR SOLICITING FUNDS?

If "yes," provide the following:

GOVERNMENTAL AGENCY _____ AUTHORIZATION DATE (MM-DD-YY) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NO YES

GOVERNMENTAL AGENCY _____ AUTHORIZATION DATE (MM-DD-YY) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HAS ANY LICENSE OR PERMIT BEEN DENIED, CANCELED OR REVOKED, OR ACTION TAKEN AGAINST YOU RELATING TO FUND SOLICITATION?

If "yes," provide the following:

GOVERNMENTAL AGENCY BRINGING ACTION _____ DATE OF ACTION (MM-DD-YY) _____

AGENCY ADDRESS _____ CITY _____ STATE _____ ZIP _____

NO YES

NATURE OF ACTION _____

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR INVOLVING THE MISAPPROPRIATION, MISUSE, OR MISAPPLICATION OF SOMEONE ELSE'S MONEY?

If "yes," provide the following:

COURT NAME _____ DATE CONVICTED (MM-DD-YY) _____

COURT ADDRESS _____ CITY _____ STATE _____ ZIP _____

NO YES

NATURE OF OFFENSE _____

Solicitor Verification Statement

VERIFICATION

State _____)
County _____) SS.

_____, being duly sworn deposes and says, that s/he is the individual who has made the foregoing Solicitor statement, as required by 15 CSR 60-3.060; and s/he has read the statement, and knows the contents, thereof; and s/he understands that this statement was made for the purpose of complying with the registration requirements for the professional fundraising organization.

SIGNATURE OF SOLICITOR

Subscribed and sworn to before me, this _____ day of

_____, 20____

(Notary Public)

This information must be mailed to the Attorney General's Office within 10 days of the employee's hire date:

Missouri Attorney General's Office, Attention: Rhonda Johnson, PO Box 899, Jefferson City, MO 65102