

PROFESSIONAL SOLICITOR REGISTRATION STATEMENT

RETURN TO:

Office of the Attorney General
Consumer Protection Section
500 Dexter Avenue
Montgomery, Alabama 36130-0152
(334) 242-7335

<input type="radio"/> Initial Registration <input type="radio"/> Statement Update Original registration date _____
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Provide the information below. A fee of twenty-five dollars (\$25) payable to the Office of the Attorney General must be paid at the time of registration (and upon annual renewal). Registration will be for the period of one year or a part thereof, expiring on September 30th of each year.

1. Full Name _____

2. Street Address _____

City _____ State _____

Zip _____ County _____

2A. Mailing Address (If different) _____

City _____ State _____

Zip _____ County _____

3. Telephone Number(s) _____

Fax Number(s) _____

E-mail _____ Website _____

4. Date of Birth _____

Drivers License Number _____

Social Security Number _____

5. List the name, address and telephone number of the professional fundraiser for which you will solicit funds.

Fundraiser Name _____

Street Address _____

City _____ Zip _____

Telephone Number(s) _____

NOTE: If you solicit for more than one fundraiser, please send that information on additional sheets.

6. Have you ever been convicted of a felony? Yes No

6A. If Yes, explain? _____

Public Disclosure Notice

Information in this statement is public record.

THANK YOU FOR YOUR COOPERATION

CERTIFICATION

I, (NAME) _____ hereby certify under penalty of perjury, that the information contained in this statement is true and correct. I also understand that I am under a continuing obligation to notify the Office of the Attorney General within ten (10) days of any change in the information provided.

SIGNATURE _____ DATE _____

Subscribed and sworn before me this ____ day of _____, 200____

NOTARY PUBLIC _____ My Commission Expires _____