

**Contact Information**

Kansas Secretary of State  
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**KANSAS SECRETARY OF STATE  
Professional Fund Raiser Application**

**PR**  
**90-05**

All information must be completed or this document will not be accepted for filing.

1. Name of professional fund raiser: \_\_\_\_\_

2. Any other names used by the fund raiser: \_\_\_\_\_

3. Applies for: *(Check one)*

registration

re-registration

4. Address of the principal place of business: \_\_\_\_\_

Street address

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

5. Address of any office or location in Kansas: \_\_\_\_\_

Street address

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

6. Form of organization:

Sole proprietorship

Partnership

Corporation

Limited liability company

Limited partnership

Other \_\_\_\_\_  
describe

7. Names and addresses of officers, directors, partners, members or other persons holding management positions:

Names

Addresses

Title

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do not write in this space**

8. Other states in which the fund raiser is registered:

\_\_\_\_\_

9. Attached hereto are all contracts entered into between me and charitable organizations to act as a professional fund raiser or form PO for each charitable organization.

10. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Executed on the \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_.  
Day Month Year

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date of application

\_\_\_\_\_  
Street address City State Zip

**Instructions**

1. Please enclose the \$25 filing fee made payable to the Secretary of State with the form. Do not send cash.
2. This registration/re-registration shall be for a period of one year, or a part thereof, expiring on the 30th day of June and may be renewed upon written application, under oath, in the form prescribed by the Secretary of State for additional one-year periods.

Notice: There is a \$25 service fee for all returned checks.