



FORM FC

**DELBERT HOSEMANN**  
*Secretary of State*

## **FUND-RAISING COUNSEL APPLICATION FOR REGISTRATION**

---

**INITIAL** \_\_\_\_\_

**RENEWAL** \_\_\_\_\_

**MISSISSIPPI REGISTRATION #** \_\_\_\_\_

---

1. Full name and mailing address:

Street address:

Telephone number:

Fax number:

Contact person name, address and phone number:

E-mail:

2. Organization: Corporation\_\_\_ Partnership\_\_\_ Other\_\_\_ (Explain)

Date and place of organization:

Federal Employer Identification #

3. Attach a list of corporate officers, directors, partners, and/or owners of the organization. This list must include full name, address, and phone number.
4. Attach a list of other state or governmental agencies where applicant is registered.
5. Attach a list of all organizations which solicit contributions in Mississippi with which applicant presently has contracts to act as Fund Raising Consultant. This list must include name, contact person, address, and phone number.
6. State nature of any business other than fund-raising counsel conducted by the applicant.

7. A) Does applicant or any of its representatives solicit contributions from the public? YES\_\_\_ NO\_\_\_
- B) Does applicant or any of its representatives have access to contributions or other receipts from solicitations? YES\_\_\_ NO\_\_\_
- C) Does applicant or any of its representatives have authority to pay expenses associated with a solicitation? YES\_\_\_ NO\_\_\_
8. Has applicant or any of its representatives ever been, or are they now, associated with any charitable or other organization with which the firm has contracted to act as a fund-raising counsel YES\_\_\_ NO\_\_\_  
If yes, attach explanation of association.
9. (A) Has applicant or its owners, officers, directors, or partners ever had any license, registration, or permit denied, canceled, suspended, revoked, and/or enjoined or is any such action pending? YES\_\_\_ NO\_\_\_  
If yes, attach copies of such action.
- (B) Has applicant ever had any civil, administrative, or other legal actions filed against it or its owners, officers, directors, or partners pursuant to any state or local charitable solicitations act? YES\_\_\_ NO\_\_\_  
If yes, attach copies of such action.
- (C) Has applicant or any of its owners, officers, directors, or partners ever been convicted of a misdemeanor involving the misappropriation, misapplication, or misuse of money or property of another, or of any felony? YES\_\_\_ NO\_\_\_  
If yes, attach copies of such action.
- (D) Has applicant or any of its owners, officers, directors, or partners ever been fined or have entered into any agreement with any governmental authority in any state limiting or prohibiting its fund-raising activity? YES\_\_\_ NO\_\_\_  
If yes, attach copies of such action and explanation.

**I certify that the information on this document and in the attachments hereto is true and correct. I further certify that I am authorized to submit this form on behalf of the Registrant. I understand that I am under a continuing obligation to notify the Secretary of State's Office of any changes in the information provided to that office.**

\_\_\_\_\_  
SIGNATURE OF PRESIDENT (or other authorized officer)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TYPED (or printed) NAME AND TITLE

Sworn to and subscribed before me  
this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

NOTARY SEAL

\_\_\_\_\_  
NOTARY PUBLIC

# **FUND-RAISING COUNSEL APPLICATION FOR REGISTRATION**

---

## **INSTRUCTIONS**

---

1. Fill out the Fund-raising Counsel Application for Registration form (FORM FC). Indicate whether initial registration or renewal.  
All questions must be answered completely or the form will be considered deficient and will not satisfy the filing requirement. If attachments are necessary, indicate the question number on the attachment. **Please type or print clearly.**
2. The form must be signed by the person taking responsibility for the information submitted, and the signature must be notarized.
3. A copy of all contract(s) between Registrant and the charitable or other organization(s) must be filed. **NOTE: SEE 79-11-515 of the Mississippi Charitable Solicitations Act for contract requirements.**
4. Enclose the fee of \$250.00 made payable to the Mississippi Secretary of State.
5. Send application, all attachments and fee to:

**Mississippi Secretary of State's Office  
Charities Registration  
P O Box 136  
Jackson MS 39205-0136**

**(601) 359-1057**

---

## **RENEWAL OF REGISTRATION**

---

**All Fund-raising Counsel registrations expire on June 30th of each year. The annual registration renewal is due by that date.**