

STATE OF MICHIGAN
DEPARTMENT OF ATTORNEY GENERAL
PO BOX 30214, LANSING, MI 48909

REGISTRATION OF PROFESSIONAL SOLICITOR

For License Year July 1, 20 _____ to June 30, 20 _____	<u>FOR OFFICE USE ONLY</u>
RETURN REGISTRATION APPROVAL TO: PLEASE TYPE OR PRINT CLEARLY WITH INK	
Solicitor's Name	
Mailing Address	
Physical Address	
City State Zip Code	
Area Code Telephone Number	Date: _____

PROFESSIONAL FUND RAISER INFORMATION

Name
License Number:

CERTIFICATION

I hereby swear or affirm that the information set forth above is true and is submitted for the purpose of registering as a professional solicitor to work under a licensed Professional Fund Raiser pursuant to the Charitable Organizations and Solicitations Act, 1975 PA 169, as amended; MCL 400.271 et seq.

Signature of Professional Fund Raiser or
Authorized Representative

Date

Signature of Solicitor

Date