

# STATE OF WEST VIRGINIA



## **Registration Statement of Professional Fund Raiser or Fund-Raising Counsel**

*Send Registration Statement, fee, bond and supporting documents to:*

*Secretary of State*

*State Capitol*

*Room 157-K*

*Charleston, WV 25305*

*Phone: (304) 558-6000 Fax: (304) 558-0900*

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### ***Instructions***

*West Virginia Code § 29-19-9 provides that no person may act as a professional fund-raising counsel or professional solicitor unless he or she is first registered and bonded with the Secretary of State.*

1. **Please complete all items which are applicable to your organization. The registration must be signed and notarized.**
2. **All professional fund raisers and fund-raising counsels are required to send a registration fee of \$100. Checks should be made payable to the Secretary of State.**
3. **All professional fund raisers and fund-raising counsels are required to file a \$10,000 bond on the form provided with this registration which must be approved by the Attorney General's office.**
4. **Every written contract or agreement between professional fund-raising counsels or solicitors and charitable organizations must be filed with the Secretary of State within ten days after the parties have entered into such an agreement (§29-19-7).**
5. **An extension of time to file an annual registration or report must be requested in writing before the registration expiration date. For good cause, the Secretary of State will extend the due date for a period not to exceed 90 days. [§20-19-5 (e)].**
6. **Organizations failing to file a registration by the original or extended due date will be required to pay an additional late fee of \$25 for each month or part of a month the filing is late [§29-19-5(f)].**
7. **Copies of all scripts and solicitation materials used to solicit funds in West Virginia must be submitted to the Secretary of State.**

## REGISTRATION STATEMENT

- New Registration** Date \_\_\_\_\_  
 **Renewal**  
 **Professional Fund Raiser**  
 **Professional Fund-Raising Counsel**

1. **Name of Business:** \_\_\_\_\_  
2. **Street Address:** \_\_\_\_\_  
3. **Mailing Address:** \_\_\_\_\_  
4. **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
5. **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
6. **Principal West Virginia Address, if different from above:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **Phone:** \_\_\_\_\_
- 

7. **Type of Business Entity:**       **Sole Proprietorship**       **Partnership**  
    **Corporation**      **Other**

8. **Date and Place business entity was organized or incorporated:** \_\_\_\_\_  
\_\_\_\_\_

9. **List all DBA's used by the business entity:** \_\_\_\_\_  
\_\_\_\_\_

10. **Names and addresses of all individuals, partners, officers and principal salaried staff:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. **Names and addresses of all employees operating in or soliciting in West Virginia:  
(Attach list if necessary.)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. **Names and addresses of all sub-contractors responsible for soliciting in West Virginia:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. **Give location of all telemarketing operations in West Virginia:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. **List all mailing addresses, including Post Office Boxes, to be employed in the solicitation of funds in West Virginia.**

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

15. **List names and addresses of all charitable organizations with which the organization has contracts to act as professional fund raiser or fund-raising counsel, in this state:**  
*(Give name and full address of each Charitable Organization)*

1. \_\_\_\_\_  
\_\_\_\_\_  
2. \_\_\_\_\_  
\_\_\_\_\_  
3. \_\_\_\_\_  
\_\_\_\_\_  
4. \_\_\_\_\_  
\_\_\_\_\_  
5. \_\_\_\_\_  
\_\_\_\_\_

16. **Terms of Remuneration Per Contract:**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

17. **Are all current contracts with charitable organizations on file in this office as required by law?**

Yes       No

18. **List the names and addresses of professional solicitors employed by the organization, in West Virginia and the terms of remuneration.**

1. \_\_\_\_\_  
\_\_\_\_\_  
2. \_\_\_\_\_  
\_\_\_\_\_  
3. \_\_\_\_\_  
\_\_\_\_\_

19. **Is the organization licensed by, registered with, or have a permit from any other governmental agency for the purpose of soliciting funds for charitable organizations in any state?**       Yes       No

**If yes, give the following information:**

**Names:**      1. \_\_\_\_\_      **City:** \_\_\_\_\_      **State:** \_\_\_\_\_  
                  2. \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
                  3. \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

**Date of Authorization:**

**Month:** 1. \_\_\_\_\_ **Day:** \_\_\_\_\_ **Year:** \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**20. Has the organization had any license, registration or permit denied, cancelled or revoked in any state?**

**Yes**       **No**

**If yes, give the following information:**

**Name and address of the authority taking action and the nature and date of the disciplinary action:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**21. Has any official disciplinary action, other than the actions listed in Item 20, and including court action, been taken against the organization of any members, employees, officers or directors in any state?**

**Yes**       **No**

**If yes, give the following information:**

**Name and address of government agency and the nature and date of the action:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby certify under oath that all answers and statements given by me are true and correct without reservation of any kind. It is understood that all facts in this application are open to thorough investigation.**

\_\_\_\_\_  
**(Date)**                      **(Signature of Applicant)**                      **(Title)**

**State of** \_\_\_\_\_  
**County of** \_\_\_\_\_

**Subscribed and sworn before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, \_\_\_\_\_ **(Year)**

**My Commission Expires** \_\_\_\_\_.

\_\_\_\_\_  
**Notary Public**

**STATE OF WEST VIRGINIA  
SECRETARY OF STATE**

**Professional Fund-Raising Counsel's and/or Professional Solicitor's Bond**

Bond No. \_\_\_\_\_

**KNOW ALL MEN BY THESE PRESENTS:**

**That** (Name of Individual, Partnership or Corporation) 1) \_\_\_\_\_  
as Principal, and 2) \_\_\_\_\_, a corporation with  
authority to do business in the State of West Virginia as Surety.

Are held and firmly bound unto the State of West Virginia for the use of the Secretary of State, and to any person who may have a cause of action against the Principal for any losses resulting from malfeasance, nonfeasance or misfeasance, in the conduct of solicitation activities, in the sum of TEN THOUSAND DOLLARS (\$10,000), lawful money for use of the Secretary of State, and to any person who may have a cause of action against the Principal for any such losses, as their interests may appear, not exceeding in the aggregate the said sum of TEN THOUSAND DOLLARS (\$10,000) for which payment will and truly be made we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally by these presents.

**WHEREAS**, the above bound Principal has applied to the Secretary of State of the State of West Virginia for registration as a Professional Fund-Raising Counsel or Professional Solicitor for a charitable organization pursuant to West Virginia Code § 29-19-9, as amended.

**NOW**, the condition of this obligation is such, that if the Secretary of State shall register the above bound Principal as such Professional Fund-Raising Counsel or Professional Solicitor and said Principal shall faithfully and honestly act as such Professional Fund-Raising Counsel or Professional Solicitor in accordance with law, and fully complies with the provisions of Chapter 29, Article 19 of the West Virginia Code, as amended; and if the Principal shall fully indemnify and save harmless from loss the State of West Virginia and any person who may have a cause of action against the Principal for any losses resulting from malfeasance, nonfeasance or misfeasance, in the conduct of solicitation activities, then this obligation shall be void; otherwise it will remain in full force and effect.

This bond shall be effective from the 3) \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**IN WITNESS WHEREOF** the Principal and Surety have executed this instrument the 4) \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

5) \_\_\_\_\_  
Principal (President or Vice-President)

6) \_\_\_\_\_  
Surety

\_\_\_\_\_  
Complete Address of Principal

\_\_\_\_\_  
Address of Surety Corporation

\_\_\_\_\_  
Telephone Number of Principal

\_\_\_\_\_  
Phone Number of Surety Corporation

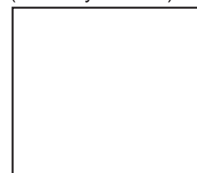
7) \_\_\_\_\_  
Signature of Principal

8) \_\_\_\_\_  
Signature of Surety (Attorney-of-Fact)

9) Principal's Seal



10) Raised Surety Seal



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**Acknowledgment by Principal if Individual**

- 11) State of \_\_\_\_\_)
- 12) County of \_\_\_\_\_), to-wit:
- 13) I, \_\_\_\_\_, a Notary Public in and for the county
- 14) and state aforesaid, do certify that \_\_\_\_\_,  
whose name is signed to the writing above or hereto annexed, has this day acknowledged the same before me in my  
said county.
- 15) Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.
- 16) \_\_\_\_\_ Notary Public
- 17) Notary Seal
- 18) My Commission Expires \_\_\_\_\_.

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**Acknowledgment by Principal if LLC or Corporation**

- 19) State of \_\_\_\_\_)
- 20) County of \_\_\_\_\_), to-wit:
- 21) I, \_\_\_\_\_, a Notary Public in and for the county
- 22) and state aforesaid, do hereby certify that \_\_\_\_\_,
- 23) who, as \_\_\_\_\_, signed the writing above or hereto annexed,
- 24) for \_\_\_\_\_, a corporation, has this day, in my  
said county before me acknowledged the said writing to be the act and deed of said corporation.
- 25) Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.
- 26) \_\_\_\_\_ Notary Public
- 27) Notary Seal
- 28) My Commission Expires \_\_\_\_\_.

**Acknowledgment for Surety**

- 29) State of \_\_\_\_\_)
- 30) County of \_\_\_\_\_), to-wit:
- 31) I, \_\_\_\_\_, a Notary Public in and for the county
- 32) and state aforesaid, do hereby certify that \_\_\_\_\_, who, as
- 33) \_\_\_\_\_, signed the writing above or hereto annexed, for
- 34) \_\_\_\_\_, a corporation, has this day, in my  
said county before me, acknowledged the said writing to be the act and deed of said corporation.
- 35) Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.
- 36) \_\_\_\_\_ Notary Public
- 37) Notary Seal
- 38) My Commission Expires \_\_\_\_\_.

\*\*\*Attach Power of Attorney with raised seal, current as of the execution date.

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Approved as to sufficiency of form and manner of execution this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

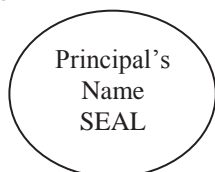
\_\_\_\_\_  
Attorney General of the State of West Virginia

By: \_\_\_\_\_  
Chief Counsel

## Bond Instructions

Line:

1. Enter the name of the Principal to be covered by the bond.
2. Enter the name of the Surety company issuing the bond.
3. Enter the effective date of the bond.
4. Enter the bearing date of the bond, also known as the execution date of the bond.
5. Enter the complete name, address and telephone number of the Principal to be covered by the bond.
6. Enter the complete name, address and telephone number of the Surety company issuing the bond.
7. The Principal must sign. Note the signature must be an original.
8. The Surety must sign. Note the signature must be the original signature of the officer or person having Power of Attorney to bind the Surety.
9. Affix the Principal's corporate seal. If the principal has not adopted a seal, one may be drawn by printing the name of the company and the word "SEAL" and circling them.



10. Affix the raised or embossed corporate seal of the Surety.

### Section to be completed by the Notary Public acknowledging the signature of the Principal

#### Acknowledgment by Principal if Individual

11. Enter the name of the state.
12. Enter the name of the county.
13. Enter the name of the Notary Public witnessing the transaction.
14. Enter the name of the person signing on behalf of the Principal.
15. Notary must enter the date the bond was witnessed.
16. Notary must sign here.
17. Attach notary seal.
18. Notary enters his/her commission expiration date.

#### Acknowledgment by Principal if LLC or Corporation

19. Enter the name of the state.
20. Enter the name of the county.
21. Enter the name of the Notary Public witnessing the transaction.
22. Enter the name of the person signing on behalf of the Principal. Note person signing on behalf of the Principal must be either the President or Vice President of corporation, Owner or General Partner of company or partnership, or Manager or Managing Member of Limited Liability company. If not, please provide signature authority for the person signing the bond.
23. Title of person signing on behalf of the Principal.
24. Principal covered by the bond.
25. Notary must enter the date the bond was witnessed.
26. Notary must sign here.
27. Attach notary seal.
28. Notary enters his/her commission expiration date.

### Section to be completed by the Notary Public acknowledging the signature of the Surety

29. Enter the name of the state.
30. Enter the name of the county.
31. Enter the name of the Notary Public witnessing the transaction.
32. Enter the name of the person binding the Surety.
33. Enter title of the person binding the Surety.