

# Professional Fundraiser Registration Form

All professional fundraisers, as defined by Iowa Code Chapter 13C, must register with the Iowa Attorney General. Charitable organizations, as defined in this Chapter, are not required to register.

Registration includes the submission of:

- 1) this form;
- 2) copies of the contract between the registrant and each charitable organization for which funds are raised in Iowa or from Iowans, and;
- 3) the \$10.00 registration fee.

If additional space is required to adequately answer any question, please use additional pages and submit them with this form.

Name of registrant:

Other name(s) under which business is conducted (DBAs):

Street address of primary office:

City:  State:  ZIP:  Phone Number:

Form of organization: **Individual** **Business Corp.**  
**Partnership** **Nonprofit Corp.** Date of organization:  Place of organization:   
**Other**

**Additional offices, chapters, branches and affiliates**

Location 1 Name:  Street Address:

City:  State:  ZIP:  Phone Number:

Location 2 Name:  Street Address:

City:  State:  ZIP:  Phone Number:

Location 3 Name:  Street Address:

City:  State:  ZIP:  Phone Number:

**Full name, title address and phone number of each officer, director, partner, and managing agent of the professional fundraiser.**

First Name	Last Name	Title	Street Address	City	State	ZIP	Phone Number

**Contact person for the professional fundraiser:**

First Name:  Last Name:  Title:

Street Address:  City:  State:  ZIP:  Phone Number:

**Person responsible for the day-to-day operations of the professional fundraiser:**

First Name:  Last Name:  Title:

Street Address:  City:  State:  ZIP:  Phone Number:

**Person who directs and controls the activities of the professional fundraiser:**

First Name:  Last Name:  Title:

Street Address:  City:  State:  ZIP:  Phone Number:

**Person responsible for custody of the professional fundraiser's records:**

First Name:  Last Name:  Title:

Street Address:  City:  State:  ZIP:  Phone Number:

**Person responsible for the accounting of funds raised by the professional fundraiser:**

First Name:  Last Name:  Title:

Street Address:  City:  State:  ZIP:  Phone Number:

All persons managing or supervising fundraising activities in or from Iowa:

First Name	Last Name	Title	Street Address	City	State	ZIP	Phone Number

For each instance in which the professional fundraiser or any person listed on this form has ever been a party to any administrative proceeding, judicial proceeding (civil or criminal), or other legal proceeding involving fundraising or registration as a fundraiser; theft; fraud; unfair or deceptive acts or practices; conversion; mismanagement of funds; or breach of fiduciary duty attach a detailed explanation that includes:

1. The identity of the entity making the allegation(s)
2. The forum
3. The date
4. A brief summary of the allegation(s)
5. The formal charges (if applicable); and
6. The disposition
7. A copy of agreement, assurance, judgment, ruling, or other document embodies the resolution of the matter

Provide the contact information for an Iowa Registered Agent on whom the Iowa Attorney General or a private party is authorized to perform service of process on the professional fundraiser.

Name:

Street Address:  City:  ZIP:  Phone Number:

Does the registrant have custody of or access to contributions from a solicitation at any time?  Yes  No

Does the registrant anticipate that any of the services it will provide to charitable organizations will be provided by a subcontractor?  Yes  No

If yes, please identify the charitable organization and the subcontractor and whether the registrant has filed the contract with the Iowa Attorney General's Office.

Name of Charitable Organization	Name of Subcontractor	Contract filed with Iowa Attorney General?	Street Address	City	State	ZIP