

Professional Fund Raiser Registration in Oklahoma

Information & Instructions

Oklahoma Secretary of State, 2300 N. Lincoln Blvd., Room 101, Oklahoma City, OK 73105-4897
Telephone: (405) 521-3911

The Oklahoma Solicitation of Charitable Contributions Act in Title 18 of the Oklahoma Statutes applies to any person who acts as a professional fund raiser for any charitable organization, including any charitable organization exempt from registration requirements pursuant to Section 552.4. The Act defines a professional fund raiser as “any person who for compensation or other consideration plans, conducts or manages the solicitation of contributions for or on behalf of any charitable organization or any other person, or who engages in the business or holds himself out to persons in this state as independently engaged in the business of soliciting contributions for such purpose.”

This information is intended to assist with the **REGISTRATION** of a professional fund raiser in Oklahoma pursuant to the provisions of the Act. **Please consult the act carefully.**

REGISTRATION PROCEDURE

PREPARE and **SUBMIT** to the Secretary of State:

1. One (1) **original**, fully completed **application to register**, signed and acknowledged by a party duly authorized to act on behalf of the fund raiser.
2. A **surety bond** or bonds in the sum of \$2,500.00 in which the professional fund raiser shall be the principal obligor. The bond shall run to the Secretary of State for the use of the state and to any person, including a charitable organization, who may have a cause of action against the obligor of said bond for any malfeasance or misfeasance in the conduct of such solicitation.
3. A check or money order in the amount of **\$50.00** made **payable to the Secretary of State** in payment of the registration fee.

REGISTRATION INFORMATION

NAME: No professional fund raiser shall use the name of any other person (except that of an officer, director or trustee of the charitable organization by or for which contributions are solicited) for the purpose of soliciting contributions in this state without the written consent of such other person. (18 O.S., Section 552.11)

REGISTRATION RENEWAL: A registration is valid for a period of one (1) year from the date of filing with the Secretary of State. Registration may be renewed for additional one-year periods by filing a renewal application in the same manner as the organization’s initial registration application (as outlined above).

REGISTRATION UPDATES: If any information in the registration or renewal application has changed, making the registration inaccurate in any respect, the fund raiser may file an updated application with the Secretary of State to correct such information. An updated registration application shall specify **ONLY** the information to be updated upon the records of the Secretary of State. The application shall be executed in the same manner as an initial registration application, filed in duplicate and accompanied by a \$25.00 filing fee. Please contact this office for forms to update a registration application.

FEE: \$50.00 (New & Renewal)
\$25.00 (Update)

PRINT CLEARLY

Application to Register as a Professional Fund Raiser

☐ Initial Registration

☐ Renewal

☐ Update

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1. The full, legal name of the professional fund raiser:

2. The **street** address of the principal place of business:

3. The principal business telephone number, including area code:

4a. The business is organized as a: ☐ corporation ☐ partnership ☐ other legal entity _____

4b. When & where was the business formed?

Month, day, year _____ State/Country _____

5. The name, street address and title or position of each officer & director of the fund raiser(Attach additional page, if necessary.):

Name

Title/Position

Address

6. Full, legal name & street address of **each** charitable organization with which you have a contract or agreement for solicitations in Oklahoma:

REQUIRED ATTACHMENT:

7. A surety bond or bonds in the sum of \$2,500.00 in which the applicant shall be the principal obligor. Said bond shall run to the Secretary of State for the use of the state and to any person, including a charitable organization, who may have a cause of action against the obligor of said bond for any malfeasance or misfeasance of such obligor or any professional solicitor employed by him or her in the conduct of such solicitation. **NO** substitutions shall be accepted.
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EXECUTION AND ACKNOWLEDGMENT

I, the undersigned, being duly authorized to sign on behalf of the professional fund raiser named herein, have caused this application to be executed this _____ day of _____, _____; and that the contents of the application and each supporting document are true, to the best of my knowledge, and complete.

Signature of President, Chairman or Principal Officer

Type or Print Name

Title

BOND NO.

**OKLAHOMA SECRETARY OF STATE
PROFESSIONAL FUND RAISER STATUTORY BOND**

KNOW ALL MEN BY THESE PRESENTS that the firm, person, individual, organization, group, association, partnership or corporation known as

located at _____

as **Principal**, and _____

located at _____

as **Surety**, are held and firmly bound unto the Oklahoma Secretary of State and any person, including a charitable organization who may have a cause of action against the **Principal** of said **Bond** for any malfeasance or misfeasance of such **Principal** or any professional solicitor employed by him in the conduct of such solicitation, in the sum of **Two Thousand Five Hundred Dollars (\$2,500.00)** lawful money of the United States of America, to be paid to the Oklahoma Secretary of State for use of the State of Oklahoma, and to any person, including a charitable organization, who may have cause of action against the **Principal** or any professional solicitor employed by him in the sum of **Two Thousand Five Hundred Dollars (\$2,500.00)** for which payment well and truly to be made we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally by these presents. This bond shall cover the **Principal** and every person who shall assist him in fundraising.

The above bounden **Principal** has applied to the Oklahoma Secretary of State for registration as a Professional Fund Raiser for the purpose of planning, conducting or managing the solicitation of charitable contributions pursuant to Title 18, Sections 552.1-552.18. This **Bond** shall be **effective** one (1) year from the date of the registration of the **Principal** with the Secretary of State.

IN WITNESS WHEREOF, we have hereunto set our hands this _____ day of _____, _____.

Legal Name of Principal:

Legal Name of Surety:

(Signature)

(Signature)

(Print Name and Title)

(Print Name and Title)

Subscribed and sworn to before me this _____ day of _____, _____.

My Commission Expires:
(Notary Seal)

Notary Public

(SOS FORM 103-08/01)

INTEGRITY SURETY BOND APPLICATION

AGENCY NAME: _____ AGENCY CONTACT _____
AGENCY PHONE: _____ AGENCY FAX: _____ E-MAIL: _____
AGENCY ADDRESS: _____
(Street) (City) (State) (Zip)

CURRENT OR EXPIRING QUOTE WE ARE LOOKING TO BEAT? _____

NAME OF PREVIOUS SURETY COMPANY WRITING THE BOND? _____

SECTION I: BOND APPLIED FOR:

TYPE OF BOND: _____ EFF.DATE: _____ EXP.DATE: _____
TYPE OF COMPANY CORP ☐ LLC ☐ DBA ☐ PARTNERSHIP ☐ AMOUNT: _____
OBLIGEE: _____
OBLIGEE ADDRESS: _____
(Street) (City) (State) (Zip)

SECTION II: GENERAL INFORMATION

APPLICANT'S NAME: _____ SPOUSE NAME _____
SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)
BUSINESS NAME: _____
BUSINESS PHONE: _____ BUSINESS FAX: _____ Client E-mail _____
BUSINESS ADDRESS: _____
(Street) (City) (State) (Zip)
DATE BUSINESS BEGAN UNDER CURRENT NAME: _____ BUSINESS TAX ID: _____
HAS ANY COMPANY REFUSED TO ISSUE YES ☐ NO ☐ DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS YES ☐ NO ☐
BONDS FOR ANY PURPOSE? AGAINST YOU?
HAS APPLICANT EVER FAILED IN BUSINESS? YES ☐ NO ☐ HAS APPLICANT EVER FILED BANKRUPTCY? YES ☐ NO ☐

IF YES TO ANY, PLEASE EXPLAIN ON A SEPERATE SHEET OF PAPER:

SECTION III: ADDITIONAL OWNERS / PARTNERS

APPLICANT'S NAME: _____ SPOUSE NAME _____
SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)

STATEMENT OF ASSETS & LIABILITIES AS OF _____

ASSETS		LIABILITIES	
CASH IN BANK	\$	NOTES PAYABLE TO BANKS	\$
CASH ON HAND	\$	NOTES PAYABLE TO OTHERS	\$
STOCKS & BONDS	\$	ACCOUNTS PAYABLE	\$
ACCOUNTS RECEIVABLE	\$	FEDERAL & STATE INCOME TAX DUE	\$
NOTES RECEIVABLE	\$	ALL OTHER TAXES	\$
INVENTORY	\$	ACCRUALS, PAYROLLS, ETC.	\$
CASH VALUE OF LIFE INSURANCE	\$	DUE ON EQUIPMENT	\$
EQUIPMENT	\$	DUE ON REAL ESTATE	\$
REAL ESTATE	\$	OTHER LIABILITIES	\$
OTHER ASSETS	\$	CAPITAL STOCK (IF A CORPORATION)	\$
		SURPLUS & UNDIVIDED PROFITS	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		NET WORTH	\$
NAME OF OWNERS	NAME & TITLE OF OFFICERS		PERCENTAGE OF OWNERSHIP

Completion of this form constitutes permission to obtain consumer information which will be used to determine bonding eligibility This information will be held in the strictest confidence no premium financing will be accepted as premium is earned in full.

Integrity Bonds Inc

E-Mail info@integritybonds.com

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Local (480) 626-8916

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