



# PROFESSIONAL FUNDRAISER REGISTRATION

SECRETARY OF STATE

SFN 11303 (06-2016)

## For Office Use Only

ID Number:

WO Number:

License Number:

Issued By:

Secretary of State  
State of North Dakota  
600 E Boulevard Ave Dept 108  
Bismarck ND 58505-0500  
Telephone: (701) 328-3665  
Toll-Free: (800) 352-0867, option 8  
Website: [sos.nd.gov](http://sos.nd.gov)

**FEE: \$100.00**

### ATTACHMENTS:

- ☐ Bond in the sum of \$20,000 payable to the state of North Dakota and any person having a cause of action against the fundraiser
- ☐ Copy of any contract to solicit in North Dakota between the fundraiser and any charitable organization
- ☐ Summary regarding litigation or criminal record for any party listed in number 2

### SEE INSTRUCTIONS FOR FILING AND MAILING INFORMATION.

### TYPE OR PRINT LEGIBLY

For reference, see North Dakota Century Code, Chapter 50-22.

1A. Full legal name of business or individual applicant			1B. Social security number/FEIN										
1C. Street and mailing address of principal office		City	State	ZIP code									
1D. Business type (check one) <table border="0"> <tr> <td><input type="checkbox"/> Individual (sole proprietor)</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Limited liability company</td> </tr> <tr> <td><input type="checkbox"/> General partnership</td> <td><input type="checkbox"/> Limited partnership</td> <td><input type="checkbox"/> Limited liability partnership</td> </tr> <tr> <td><input type="checkbox"/> Limited liability limited partnership</td> <td colspan="2"><input type="checkbox"/> Other - Define: _____</td> </tr> </table>					<input type="checkbox"/> Individual (sole proprietor)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited liability company	<input type="checkbox"/> General partnership	<input type="checkbox"/> Limited partnership	<input type="checkbox"/> Limited liability partnership	<input type="checkbox"/> Limited liability limited partnership	<input type="checkbox"/> Other - Define: _____	
<input type="checkbox"/> Individual (sole proprietor)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited liability company											
<input type="checkbox"/> General partnership	<input type="checkbox"/> Limited partnership	<input type="checkbox"/> Limited liability partnership											
<input type="checkbox"/> Limited liability limited partnership	<input type="checkbox"/> Other - Define: _____												
1E. State or jurisdiction of origin		1F. Date organized		1G. Telephone number									
1H. Nature of business conducted by firm other than professional fundraising													
2. If applicant is: <ul style="list-style-type: none"> <li>• An individual or general partnership: Complete all information below.</li> <li>• A corporation or limited liability company: Provide information concerning officers, directors, executive personnel, and owners of 10% of capital stock or membership interests.</li> <li>• A limited partnership, limited liability partnership, or limited liability limited partnership: Provide information for general or managing partners. Attach an additional sheet if necessary.</li> </ul> <p>*For all business types: If any person listed has been involved in any civil litigation, attach a summary of the litigation, the outcome, and the parties involved.</p>													
2A. Full name		Title or relationship to business		Home telephone number									
Residential address		City	State	ZIP Code									
Birth date	Birth place			Social security number/FEIN									
Driver's license number	State where issued	Alias(es) used (if none, so state)		*Criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No									
2B. Full name		Title or relationship to business		Home telephone number									
Residential address		City	State	ZIP Code									
Birth date	Birth place			Social security number/FEIN									
Driver's license number	State where issued	Alias(es) used (if none, so state)		*Criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No									
2C. Full name		Title or relationship to business		Home telephone number									
Residential address		City	State	ZIP Code									
Birth date	Birth place			Social security number/FEIN									
Driver's license number	State where issued	Alias(es) used (if none, so state)		*Criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No									

2D. Full name		Title or relationship to business		Home telephone number	
Residential address		City		State	ZIP Code
Birth date		Birth place			Social security number/FEIN
Driver's license number		State where issued	Alias(es) used (if none, so state)		*Criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Fundraising methods to be conducted in North Dakota (check all that apply to your organization)					
<div><input type="checkbox"/> Mail                      <input type="checkbox"/> Grant writing                      <input type="checkbox"/> Local television                      <input type="checkbox"/> Telemarketing                      <input type="checkbox"/> Magazines or periodicals <input type="checkbox"/> Personal contact                      <input type="checkbox"/> Radio                      <input type="checkbox"/> Show or concert                      <input type="checkbox"/> Newspaper                      <input type="checkbox"/> Membership enrollment <input type="checkbox"/> Vending business                      <input type="checkbox"/> National television                      <input type="checkbox"/> Other - Describe: _____</div>					
4. Auditor, accountant, employee, agent, or other person who maintains or possesses professional fundraiser's records					
Name				Telephone Number	
Address		City		State	ZIP Code
5. List all officers, agents, or employees employed to work in North Dakota and are under registrant's direction. Attach an additional sheet if necessary. COMPLETE MAILING ADDRESS					
NAME		STREET	CITY	STATE	ZIP CODE
TERMS OF REMUNERATION					
6. List all charitable organizations with which applicant has contracts to act as a professional fundraiser in North Dakota. A professional fundraiser may not solicit on behalf of a charitable organization that is not registered, unless the organization is exempt from registration.					
NAME OF CHARITABLE ORGANIZATION		SOLICITATION LICENSE NUMBER		CONTACT PERSON	
TELEPHONE NUMBER					
7. Licenses/registrations/permits denied, cancelled, or revoked in any other state (If none, indicate with N/A below)					
ISSUED BY (AGENCY)		CITY	STATE	REASON	DATE OF ACTION
				<input type="checkbox"/> Denied <input type="checkbox"/> Cancelled <input type="checkbox"/> Revoked	
8. I hereby make application as a professional fundraiser in the state of North Dakota. I certify the statements made herein to be true and complete, and are made for the purpose of complying with the requirements of North Dakota Century Code, Chapter 50-22.					
Signature of professional fundraiser				Title	

State	County	Notary Stamp
The foregoing instrument was acknowledged before me on	Date	
Signature of notary public or other authorized officer		
Commission expiration date (if not listed on stamp)		

## PROFESSIONAL FUNDRAISER REGISTRATION INSTRUCTIONS

An individual or organization who, for financial compensation or profit, performs for a charitable organization a service in connection with which contributions are, or will be, solicited in North Dakota must be registered with the Secretary of State as a professional fundraiser **before** any such services are commenced. Services could include soliciting, planning, management, advice, consultation, or preparation of materials for, or with respect to the solicitation in this state. Activities of a professional fundraiser are governed by the provisions of N.D.C.C., chapter 50-22. The law can be accessed from the Secretary of State's website at [sos.nd.gov](http://sos.nd.gov).

**EXPIRATION OF REGISTRATION:** Each registration expires on September first unless, prior to September first, the fundraiser again re-files a registration statement and fee with the Secretary of State.

**FILING FEE:** The filing fee is \$100.00. Checks must be payable to "Secretary of State" and must be for U.S. negotiable funds. Payment may also be made by credit card using Visa, MasterCard, Discover, or American Express.

**ATTACHMENTS:** Check the box(es) to indicate the documentation supporting this application.

- A bond in the amount of \$20,000 **is required and must be attached**. It must be for the entire term of the registration and **must** name the applicant as the principal obligor. The bond must run to the state of North Dakota and to any person who may have a cause of action against the principal obligor for any liabilities resulting from the obligor's conduct of any activities subject to the governing statutes.
- A copy of the written contract(s) between the fundraiser and charitable organization(s) must be attached. The contract must disclose the services the fundraiser is to provide and include whether the fundraiser will at any time have custody of contributions.
- A summary of any litigation or criminal record for any party named in number 2.

**OTHER REQUIRED REGISTRATION:** Other registration with the Secretary of State must be made to be a qualified registrant:

- A North Dakota corporation or limited liability company that is the registrant must have its Articles on file with the Secretary of State and be in good standing.
- A registrant that is a North Dakota limited partnership, limited liability partnership, or limited liability limited partnership must be registered with the Secretary of State and be in good standing.
- A registrant that is a corporation, limited liability company, limited partnership, limited liability partnership, or limited liability limited partnership organized under the laws of another jurisdiction must obtain a certificate of authority to conduct its affairs in North Dakota. The authority must be active and in good standing.
- A registrant that is a trust or unincorporated association must have an active Trade Name Registration on file with the Secretary of State.
- A registrant defined as "Other" in number 1D and not mentioned above shall be considered on a case-by-case basis and will be notified of any other registration requirements.
- A charitable organization listed in number 6 must have a Charitable Organization Registration Statement on file with the Secretary of State, or be an exempt organization as defined by statute.
- After the filing of the Professional Fundraiser Registration, any contracts entered into with any charitable organizations must be submitted to the Secretary of State within ten days of the execution of those contracts.

The following numbered instructions correspond to the numbered sections on the form:

- 1A. Provide the correct name **EXACTLY** as reflected on the Articles of incorporation or organization filed with the Secretary of State or as reflected on the Certificate of Authority, Trade Name Registration, or other registration on file with the Secretary of State.
- 1B. Provide the applicant's social security number or federal ID number, if you have one.  
  

**PRIVACY:** In accordance with N.D.C.C., Chapter 44-04, social security and federal ID numbers are not disclosed to the public. They are used by the Secretary of State to maintain accurate files. Therefore, while voluntary disclosure is requested, failure to do so will not result in rejection of the application.
- 1C. Provide the street **and** mailing address of the principal executive office of the registrant named in 1A. A complete address must include a street or rural address, a post office box (if applicable), the city, state, and ZIP code plus 4-digit extension.
- 1D. Select the organization structure that best defines the registrant.
- 1E. Provide the state or jurisdiction of the registrant's origin.
- 1F. Provide the date on which the registrant was organized in the state or jurisdiction of origin.
- 1G. Provide the registrant's telephone number.
- 1H. Provide the nature of business conducted by the registrant if any other than fundraising.

**PROFESSIONAL FUNDRAISER REGISTRATION INSTRUCTIONS (continued)**

2. Provide the name of an individual registrant, or partners of any partnership registrant, or officers, directors, or executive personnel and owners of 10% of capital stock or membership interests. For each person named, provide the title or relationship to the registrant, telephone number, address, place and date of birth, driver's license number and state where issued, any alias used by the person, their Social Security/FEIN, and indication whether the person has any criminal record. If "yes," attach a summary of the litigation or criminal record.
3. Check all applicable boxes to indicate the fundraising methods to be conducted in North Dakota.
4. Provide the name of the auditor, accountant, employee, or person who maintains or possesses the books or records of the registrant.
5. List all officers, agents, or persons employed to work in North Dakota under the registrant's direction. Provide the names, complete mailing address, and terms of remuneration for each. Attach an additional sheet if necessary.
6. List all charitable organizations with which the registrant has contracts to act as professional fundraiser in North Dakota.
7. Identify any other agency in any jurisdiction that has denied, cancelled, or revoked any license, registration, or permit of the registrant. For any listings, provide the reason and date of action.
8. The registration must be signed and dated by the registrant or by an authorized officer of the registrant. The signature must be notarized by a notary public.

**ASSISTANCE:** If assistance is required to complete the registration, contact the Secretary of State at (701) 328-3665.

**FAX FILING:** The document and Credit Card Payment Authorization may be faxed to (701) 328-1690. A faxed filing does not expedite the process of the document in the office of the Secretary of State.

**EMAIL:** Email is not a secure utility for the transmission of private information or credit card authorizations. **DO NOT EMAIL YOUR DOCUMENT TO THE SECRETARY OF STATE.**

**MAILING INSTRUCTIONS:** Send documents and filing fees to:

Secretary of State  
State of North Dakota  
600 E Boulevard Ave Dept 108  
Bismarck ND 58505-0500

Telephone: (701) 328-3665      Toll-Free: (800) 352-0867 (option 8)      Fax: (701) 328-1690      Website: [sos.nd.gov](http://sos.nd.gov)

**ANNUAL REREGISTRATION:** To continue registration, a Professional Fundraiser Registration (SFN 11303) form must be filed with the Secretary of State every year before September 1st. Registration forms are prescribed by the Secretary of State. They are available from the Secretary of State's website at [sos.nd.gov](http://sos.nd.gov) and are also mailed to the address of the principal executive office.



**CREDIT CARD PAYMENT AUTHORIZATION**  
SECRETARY OF STATE  
SFN 51478 (02-2016)

WO Number (For Office Use Only):

Amount

Name			Telephone Number		
Address		City	State	ZIP Code	
Card Type <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express				Signature (required by credit card companies)	
Account Number		CSC Number*	Card Expires (MMYY)	Date	

\*Three-digit (Visa, MasterCard, or Discover) or four-digit (American Express) security code