



INITIAL CHARITY REGISTRATION SIGNATURE PAGE

INSTRUCTIONS: Complete all portions of this form and upload to the online application.

Charity Name: _____

Charity Street Address: _____

Provide the names, titles, address and telephone numbers of the two signatories of this application below.

****State Law requires that two persons sign this form****

We hereby certify under penalty of false statement that we are authorized to sign this document for the organization and that the information provided, including all attachments, is true and complete to the best of our knowledge.

Signature & Date

Signature & Date

Print Name

Print Name

Title

Title

Address

Address

City/Town

State

Zip

City/Town

State

Zip

Phone

Phone