



**State of Arizona – Office of the Secretary of State  
American Veteran’s Organization  
Registration Statement**

**DO NOT WRITE IN THIS SPACE**

**SEND BY MAIL TO:**

Secretary of State Katie Hobbs, Atten: Business Services  
1700 W. Washington Street, FL. 7, Phoenix, AZ 85007-2808

**OR return this application in person:**

PHOENIX - State Capitol Executive Tower, TUCSON - Arizona State Complex,  
1700 W. Washington Street, 2nd Fl., Ste. 220 400 W. Congress, 1st Fl., Suite 141  
Office Hours: Monday through Friday, 8 a.m. to 5 p.m., except state holidays.

**KATIE HOBBS  
SECRETARY OF STATE**

**FOR OFFICE USE ONLY  
SOSBSVET REV. 1/7/2019**

PLEASE NOTE: This filing is not intended to reflect on the quality of services rendered by veteran's organizations.

**APPLICANT INSTRUCTIONS**

Use this application to register an American Veteran’s Organization soliciting money or support under A.R.S. § 13-3722(A). Use this form to amend a filed registration. This application must be signed, dated and notarized. A person/organization who does not file this registration is guilty of a class 3 misdemeanor under A.R.S. § 13-3722(B).

**Processing:** 2-3 weeks

**Be Accurate:** Complete all applicable fields on this form. Write legibly; or fill out this application online at [www.azsos.gov](http://www.azsos.gov) and print it.

**Questions?** Call (602) 542-6187; in-state/toll-free (800) 458-5842.

**Website:** All forms are available on the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov).

Check  Initial Registration  Amendment (Includes name, address or phone number change, or contact change)

1. Name			
Name of Organization	Organization Date:	Month	Day
			Year

2. Headquarters Business Address			
Business Address (include street, box or suite number)	City	State	Zip Code
Business Phone Number (include area code) ( )	Website		

3. Contact Information			
Presiding/Executive Officer, or President, or Director Information			
First Name	Last Name	Title	
Primary Organization Contact			
First Name	Last Name	Title	
Mailing Address (include street, box or suite number)	City	State	Zip Code
Business Phone Number (include area code) ( )	Website		

4. Financial Report
<input type="checkbox"/> Attach <b>one</b> IRS Form 990 from previous fiscal year (First two pages only or 990-EZ are acceptable).

**5. Signature and Notarization**

**OFFICER/PRESIDENT/DIRECTOR (As listed under Section #3 of this registration)**

**I, the undersigned, being duly sworn, affirm and say that this Organization Registration is complete, true and correct.**

Printed First Name of Officer	Printed Last Name of Officer	Signature of Officer
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State of \_\_\_\_\_)

County of \_\_\_\_\_)

Subscribed and sworn to before me this \_\_\_\_\_ day of

\_\_\_\_\_.  
Month Year

Notary Seal

Notary Public Signature