

**Non – Profit Registration Form**

**Name of Organization:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**List of Executive:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is your organization a registered charity?** **YES**  
**NO**

**If yes, please provide your organization’s charity number:** \_\_\_\_\_

**What is your organization’s service area?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>OFFICE USE ONLY</b>
Date: