



### NON-PROFIT ORGANIZATION REGISTRATION FORM

**Organization Name:**

\_\_\_\_\_

**Address:**

Street: \_\_\_\_\_

Suite Number or PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

ZIP or Postal Code: \_\_\_\_\_

**Contact Information:**

Main Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

(Don't have a Web Site? Discounts available to Non-Profits. Contact us for your entire Internet needs.)

**Other Contacts**

Name	Title	Telephone	E-mail

**Area of Focus:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attachments:**

State of West Virginia Certificate of Organization

501(c)(3) Status from the Internal Revenue Service

Signed Contract

Other: \_\_\_\_\_

**Would you like to have the name of your group listed on our Web site as a participating Non-Profit organization?      Yes       No**

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date