



NOT-FOR-PROFIT GROUP APPLICATION

Organization Name: _____

Website: _____ **Are you on Facebook?** _____

Organization Street Address: _____

Is your organization an IRS-recognized 501(c)(3) not-for-profit corporation? ___ Yes ___ No

Please list your federal ID number: _____

Primary Contact: _____

Address: _____

E-mail Address: _____

Main Phone Numbers: (____) _____ **Secondary Phone Number:** (____) _____

Secondary Contact: _____

Address: _____

E-mail Address: _____

Main Phone Numbers: (____) _____ **Secondary Phone Number:** (____) _____

Mission Statement or Primary Goal: _____

Other Fundraising Experience, please list: _____

What are you raising funds for? _____

How many members in your organization? _____

I hereby certify that all information provided on this application is true and understand that any false information could cause our group to be ineligible. I authorize PMI Entertainment Group to investigate and verify the facts claimed by me on this application. I hereby understand that it is the responsibility of the Group leader to maintain current information on this form by contacting PMI Entertainment Group if changes are made.

Signature of Primary Contact

Date