



**City of East St. Louis
For Profit / Non - For Profit Registration Form**

Type of Organization (Please Check One)

Church	Yes _____	No _____
School	Yes _____	No _____
Social Club	Yes _____	No _____
Girls/Boys Club	Yes _____	No _____
Fraternity	Yes _____	No _____
Sorority	Yes _____	No _____
Business	Yes _____	No _____
Tax Exempt	Yes _____	No _____
Fee	Yes _____	No _____

Name: _____

Organization Mailing Address: _____

Primary Contact Persons: _____

Mailing Address: _____

Telephone Numbers: Cell _____ Fax _____ Other _____

Tax Exempt Date / Number: _____

E-mail address: _____

501 (C) 3 _____

Contact in Event of Emergency: _____

Number of Employee _____ **Volunteers** _____

Type of Service provided by your Organization _____

Authorized Officer Signature