

CITY OF ZION
SOLICITOR REGISTRATION FORM

Date _____

APPLICANT INFORMATION

Last Name First Name Middle

Present Address Home Phone

Previous Address (if at present address less than 3 years)

Date of Birth Social Security No. Male/Female Height Weight Eyes Hair

Marital Status Name of Spouse

Place of Employment Length of Employment

Address of Employer Work Phone

ORGANIZATION INFORMATION

Name of Organization You Represent

Address of Organization You Represent Organization Phone

Applicant's Relationship to the Organization

SOLICITATION INFORMATION

Requested Dates to Solicit Subject Matter to be Solicited

Location of Requested Solicitation

Date of Last Registration to Solicit

Have you been convicted of a violation to the Solicitation Ordinance of this or any municipality?

Have you been convicted of a felony under the law of this or any state or the federal government?
(If yes, please explain on the back of this form.)

I HEREBY SWEAR OR AFFIRM THAT ALL OF THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT

(For Office Use Only)

Expiration Date City Clerk, City of Zion