

CHARITABLE REGISTRATION APPLICATION

Mail \$15.00 check (payable to NJSFWC) with completed application before **September 30, 2025** to:

New Jersey State Federation of Women's Clubs
55 Labor Center Way
New Brunswick, NJ 08901

Date: _____

District _____

Type or print clearly:

Club Name: _____

President's Name: _____

Address: _____

Telephone No: () _____

This club, as a member of the New Jersey State Federation of Women's Clubs is providing the information stated below so that it may be included by the New Jersey State Federation of Women's Clubs with its annual statement filed with the New Jersey State Attorney General.

1) **Gross Contributions** for the fiscal year ending _____ were \$ _____
(month) (year)

2) The purpose or purposes for which these funds were raised are (provide a brief description):

3) We are in compliance with the requirements of the Charitable Registration and Investigation Act which permits us to file in conjunction with our parent organization, New Jersey State Federation of Women's Clubs.

Treasurer

Signature of President