

**ATTORNEY GENERAL OF THE STATE OF NEW YORK
CHARITIES BUREAU**

**REGISTRATION CURE PROGRAM
APPLICATION**

*This form should accompany filings submitted by organizations
participating in the Registration Cure Program*

Name of Organization _____

Charities Bureau ID Number (If Registered) _____

(This number is available by searching your organization on the Charities Registry at
http://bartlett.oag.state.ny.us/Char_Forms/search_charities.jsp)

Mailing Address _____

Phone Number _____

Email Address _____

Web Address _____

Years for which filings are being submitted:

2007

2008

2009

Total filing fees included (make check payable to NYS Dept. of Law) \$ _____

Please send all filings and payments to:

**Charities Bureau, Delinquency Section
120 Broadway – 3rd Floor
New York, New York 10271**