

# LOBBYIST REGISTRATION FORM

Pursuant to W.S. 28-7-101 through W.S. 28-7-201 and Rules on Lobbyists, lobbyists are required to register within the Secretary of State's Office within 48 hours of commencing lobbyist activities.

**PLEASE COMPLETE REQUIRED PARTS 1-5 & ATTACH FEE. PLEASE PRINT LEGIBLY OR TYPE.**

## **PART 1: Lobbyist Registration** - (Name and Address Required)

<b>Name:</b> _____ <i>First Name Last Name</i>	<b>Phone Number:</b> _____ <i>(Optional)</i>
<b>Address:</b> _____ <i>Street/P.O. Box</i>	<b>Email:</b> _____ <i>(Optional)</i>
_____	
<i>City State Zip</i>	

## **PART 2: Lobbyist Badge** - (Organization name will not appear on badge.)

**Please select one option:**

<input type="checkbox"/> Please mail my badge to the address above.	<input type="checkbox"/> I do <b>not</b> need a badge.
<input type="checkbox"/> I will pick up my badge at the office.	<input type="checkbox"/> Please mail to: _____ <i>(Street/P.O. Box)</i>
	_____
	<i>City State Zip</i>

## **PART 3: Principal** - (Organization, Association, Labor Union, Corporation, or Special Interest Group to be represented.)

<b>Organization Name:</b> _____ <i>(Acronyms must be spelled out.)</i>	<b>Phone Number:</b> _____ <i>(Optional)</i>
<b>Organization Address:</b> _____ <i>Street/P.O. Box</i>	<b>Email:</b> _____ <i>(Optional)</i>
_____	
<i>City State Zip</i>	

**\*Please list additional representation on page 2.**

## **PART 4: Registration Fee** - (Please select one option.)

<input type="checkbox"/> <b>\$25 Fee</b> - The secretary of state shall collect a registration fee of twenty-five dollars (\$25) at time of registration.
<b>OR</b>
<input type="checkbox"/> <b>\$5 Fee</b> - Any person who is not receiving or has no reasonable expectation of receiving expense reimbursement or compensation in excess of five-hundred dollars (\$500) , or who shall receive no compensation beyond travel and per diem expenses for lobbying activities shall pay a registration fee of five dollars (\$5) to the secretary of state at the time of registration.

## **PART 5: Signature**

_____	_____
<b>Lobbyist Signature</b>	<b>Date Signed</b>

Please mail form to: Wyoming Secretary of State's Office  
Attn: Election Division  
2020 Carey Ave, Ste 600  
Cheyenne WY 82002

Blank PDF available at: <http://sos.state.wy.us/Forms/Forms.aspx>

<b>OFFICE USE ONLY</b>	
<input type="checkbox"/> Badge	<input type="checkbox"/> Entered

**Additional Principal - (If Applicable)**

*(Organization, Association, Labor Union Corporation, or Special Interest Group to be represented.)*

<b>Organization Name:</b> _____ <i>(Acronyms must be spelled out.)</i>	<b>Phone Number:</b> _____ <i>(Optional)</i>
<b>Organization Address:</b> _____ <i>Street/P.O. Box</i>	<b>Email:</b> _____ <i>(Optional)</i>
_____	
<i>City State Zip</i>	

<b>Organization Name:</b> _____ <i>(Acronyms must be spelled out.)</i>	<b>Phone Number:</b> _____ <i>(Optional)</i>
<b>Organization Address:</b> _____ <i>Street/P.O. Box</i>	<b>Email:</b> _____ <i>(Optional)</i>
_____	
<i>City State Zip</i>	

<b>Organization Name:</b> _____ <i>(Acronyms must be spelled out.)</i>	<b>Phone Number:</b> _____ <i>(Optional)</i>
<b>Organization Address:</b> _____ <i>Street/P.O. Box</i>	<b>Email:</b> _____ <i>(Optional)</i>
_____	
<i>City State Zip</i>	

<b>Organization Name:</b> _____ <i>(Acronyms must be spelled out.)</i>	<b>Phone Number:</b> _____ <i>(Optional)</i>
<b>Organization Address:</b> _____ <i>Street/P.O. Box</i>	<b>Email:</b> _____ <i>(Optional)</i>
_____	
<i>City State Zip</i>	

*Please make additional copies of this page as needed.*

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