APPLICATION TO REGISTER A LOGO OR INSIGNIA OF A REGISTERED ORGANIZATION

TO THE SECRETARY OF THE COMMONWEALTH OF VIRGINIA:

I,	(name), the	(title of
chief officer of the organiza	tion) of	(name of
registered organization), her	reby apply for the registration o	of a logo or insignia (including
a badge, button, decoration,	charm, emblem, rosette or othe	er graphic design) on behalf of
this organization, in accorda	ance with Sections 2.2-411 thro	ough 2.2-415 of the Code of
Virginia.		
The detailed written descrir	tion of the item for which regis	stration is applied is as follows

The detailed written description of the item for which registration is applied is as follows (Please use additional sheets as necessary):

FIVE (5) IDENTICAL SAMPLES, PHOTOGRAPHS OR DETAILED DRAWINGS OF THE ITEM ON WHITE PAPER NO LARGER THAN 8.5 x 11 INCHES SHALL ACCOMPANY, AND BE DEEMED AS PART OF THIS APPLICATION.

By signing this application, I certify that I am authorized by this organization to submit this application on its behalf, that I am aware of no reason why it should not be granted, that all information provided is complete and correct, that the application is not considered complete without payment of the fee and that the fee is not refundable or transferable under any circumstances. I acknowledge that this registration, if approved, expires on December 31 of this calendar year and must be renewed during the month of December in order for registration to be continued for the next calendar year, and that failure to receive a notice regarding renewal shall not constitute a basis for any relief whatsoever, including any waiver or extension of time to renew.

I further acknowledge that this registration may be discontinued prior to its expiration if the Secretary of the Commonwealth finds that this application contains any inaccurate or misleading information, including the validity of the address and telephone number on the application for registration or the most recent renewal of the organization's name, unless written notification of a change of address or phone number has been submitted to the Office of the Secretary of the Commonwealth.

Signature of Chief Officer

Date

COMMONWEALTH OF VIRGINIA

City/County of _____ to wit

I ______, a notary public for the Commonwealth of Virginia, acknowledge that ______, whose signature appears hereon, personally appeared before me this _____ day of _____, 20____, and signed this application in my presence.

Notary Public

My commission expires: _____

Send completed application to:

Organization Registrar Office of the Secretary of the Commonwealth P. O. Box 2454 Richmond, Virginia 23218