APPLICATION TO REGISTER AN ORGANIZATION NAME

TO THE SECRETARY OF THE COMMONWEALTH OF VIRGINIA:

I,	(name), the	(title of
chief officer of the organization	on) of	(name of
organization to be registered),	hereby apply for the regist	tration of the name of this
organization, in accordance w	ith Sections 2.2-411 throug	gh 2.2-415 of the Code of
Virginia.		
The address of the organization	n is:	
The telephone number is: ()	
Email address:		

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

unless written notification of a change the Office of the Secretary of the Con		or phone number has been submitted to
		Signature of Chief Officer
		Date
COMMONWEALTH OF VIRGINIA City/County ofto wit		
I	otary public fo	or the Commonwealth of Virginia, _, whose signature appears hereon,, 20, and signed
		Notary Public My commission expires:
Send completed application to:	Organization	n Registrar

misleading information, including the validity of the address and telephone number,

Office of the Secretary of the Commonwealth

P. O. Box 2454

Richmond, Virginia 23218