



State of California Secretary of State

REG. NO. _____

REGISTRATION OF UNINCORPORATED NONPROFIT ASSOCIATION PURSUANT TO CALIFORNIA CORPORATIONS CODE SECTION 21300

Instructions:

1. Complete and mail to: Secretary of State, Document Filing Support Unit,
P. O. Box 944225, Sacramento, CA 94244-2250 (916) 657-5448
2. Include filing fee of \$10.00 per box checked below.

This space For Filing Use Only

Association includes any lodge, order, beneficial association, fraternal or beneficial society, historical, military, or veterans organization, labor union, foundation, or federation, or any other society, organization, or association, or degree, branch, subordinate lodge, or auxiliary thereof.

Registration For:

Name
 Insignia
 Alteration
 Cancellation

Association Name

Street or Mailing Address

City and State

Zip Code

Nature of Alteration (If Any):

Description of Insignia, which may include badge, motto, button, decoration, charm, emblem, or rosette:

Attach Facsimile:

I declare under penalty of perjury under the laws of the State of California that I am a chief officer of the association; that I am authorized to act on behalf of the association with respect to completing and submitting this application; that the information contained in this application is true and correct.

Signature of Officer Date

Signature of Additional Officer (Optional) Date

Typed Name and Title

Typed Name and Title



Mail Submission Cover Sheet

Instructions:

- Complete and include this form with your submission. **This information only will be used to communicate with you in writing about the submission.** This form will be treated as correspondence and will not be made part of the filed document.
- Make all **checks or money orders** payable to the Secretary of State.
- Do not include a \$15 counter fee when submitting documents by mail.
- Standard processing time for **submissions** to this office is approximately 5 business days from receipt. All **submissions** are reviewed in the date order of receipt. For updated processing time information, visit www.sos.ca.gov/business/be/processing-times.

Optional Copy and Certification Fees:

- If applicable, include optional copy and certification fees with your submission.
- For applicable copy and certification fee information, refer to the instructions of the specific form you are submitting.

Contact Person: (Please type or print legibly)

First Name: _____ Last Name: _____

Phone (optional): _____

Entity Information: (Please type or print legibly)

Name: _____

Entity Number (if applicable): _____

Comments: _____

Return Address: For written communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address.

Name: [_____]

Company:

Address:

City/State/Zip: [_____]

Secretary of State Use Only	
T/TR:	
AMT REC'D:	\$