

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

**Application for Registration of
Unincorporated Association Name**
(54 Pa.C.S. § 502)

Name		

Address		

City	State	Zip Code
_____	_____	_____

Document will be returned to the name and address you enter to the left.



Fee: \$70

In compliance with the requirements of 54 Pa.C.S. § 502 (b) (relating to certain additions to register) the undersigned unincorporated association, desiring to register with the Department of State the name under which it is doing business or operating, hereby states that:

1. The name to be registered is:

2. The address of the association is:				

Number and street	City	State	Zip	County

3. The length of time, if any, during which the name has been used by the applicant is:

IN TESTIMONY WHEREOF, the undersigned association has caused this Application for Registration of Unincorporated Association Name to be signed by a duly authorized officer this
_____ day of _____, _____.

Name of Association

Signature

Title



**Department of State
Corporation Bureau
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
web site: www.dos.state.pa.us/corps**

Instructions for Completion of Form:

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$70 made payable to the Department of State.
- B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.
- C. The following, in addition to the filing fee, shall accompany this form:
 - (1) Any necessary copies of form DSCB:17.2.3 (Consent to Appropriation or Use of Similar Name).
 - (2) Any necessary governmental approvals.
- D. This form and all accompanying documents shall be mailed to the address stated above.