



Renewal Recognized Community Organization

SALT LAKE CITY RECORDER

Official Name for the Organization: _____

Please list the Community Organization Boundaries if applicable: _____

CONTACT SPONSOR TO SERVE AS THE RECIPIENT FOR OFFICIAL COMMUNICATION FROM THE CITY

Name: _____ Title: _____

Address: _____

E-mail: _____ Phone: _____

MEETING INFORMATION

Methods used to communicate with Membership:

Regular Mail Email Social Media Other:

Location of regular meetings: _____ Time of regular meetings: _____

WHERE TO SUBMIT THE RENEWAL APPLICATION

<i>Mailing Address:</i> Salt Lake City Recorder PO Box 145515 Salt Lake City, UT 84114-5515	<i>In Person:</i> Salt Lake City Recorder 451 South State Street, Room 415 Telephone: (801) 535-7671 Fax: (801) 535-7681
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CERTIFICATION OF ADOPTED BYLAWS

I do hereby certify that the Bylaws for _____ (Organization) were approved by the Board of Directors on _____ (the Date of Bylaws) and constitute a complete copy of the Bylaws of the organization, **OR** an updated copy of the Bylaws have been attached.

I have also attached a document from the Utah Department of Commerce that signifies the organization is in good standing as a non-profit organization.

Applicant Signature: _____ Date: _____

OFFICE ELECTION

Schedule to elect officers:

EMAIL AND SOCIAL MEDIA ACCOUNTS

Email: _____

Facebook: _____

Twitter: _____

Other: _____

CURRENT ORGANIZATION OFFICERS

Name:	Title:
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Address: _____

E-mail:	Phone:
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Name:	Title:
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Address: _____

E-mail:	Phone:
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Name:	Title:
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Address: _____

E-mail:	Phone:
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Name:	Title:
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Address: _____

E-mail:	Phone:
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Name:	Title:
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Address: _____

E-mail:	Phone:
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Please provide additional pages if necessary.