



Registration 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:	Zip:
E-mail:	Phone:

MEETING INFORMATION	
Methods used to communicate with Membership:	
<input type="checkbox"/> Regular Mail <input type="checkbox"/> Email <input type="checkbox"/> Social Media <input type="checkbox"/> Other:	
Location of regular meetings:	Time of regular meetings:

WHERE TO FILE THE COMPLETE 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

SIGNATURE

By signing this application, I hereby acknowledge:

- The Community Organization has registered as a nonprofit corporation in good standing with the State of Utah.
- Copies of the organization Articles of Incorporation and Bylaws are attached.
- It is the responsibility of the Community Organization to provide updated information and any changes in the above information to the Recorder's Office in a timely manner.
- Annual renewal of registration of the Community Organization is required by January 31 of each year. Each registered Community Organization must submit a request for renewal of registration with current information.
- Failure to submit such a request by January 31 will result in removal of the Community Organization from the Official Registry.
- A copy of Chapter 2.60 of the Salt Lake City Municipal Code has been provided for applicant reference and information.

Applicant Signature:	Date:
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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.