



**REQUEST TO USE THE NAME CONCORDIA OR
CONCORDIA UNIVERSITY**

Current name of organization:

Name being requested:

Complete address:

Organization phone:

Fax:

Organization e-mail:
(if applicable)

Contact person:

Phone:

Contact e-mail:

Fax :

Please complete sections A-F. If the space allowed is not adequate, please staple additional pages to this application.

For more details on the information required for Sections A-F, please refer to the *Policy on the Use of Concordia University's Name, Logo and Related Insignia, and the Governance of its Visual Character* ([SG-4](#))

(A) Please describe the **nature** of your organization:

(B) Please describe the **membership** of your organization, e.g. students, alumni, etc:

(C) Please describe the **goals and objectives** of your organization:

(D) Please describe the state of your organization's **resources**:

(E) Please give a brief **history** of your organization:

(F) Please indicate what, if any, other **internal or external support** your organization receives:

Please attach copies of your organization's Charter, by-laws, and procedures as well as any other relevant documentation.

Names and titles of the organization's executive body:

Name

Title

Name

Title

Name

Title

Name

Title

Authorized Signature (on behalf of applicant)

Name

Date submitted

Date received by Board and Senate Administration

Board and Senate Administration
October 2011