

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

Return document by mail to: _____ Name _____ Address _____ City State Zip Code Return document by email to: _____	Registration of Unincorporated Association Name DSCB:54-502 (rev. 7/2015)  502
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Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

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

**Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
Web site: www.dos.pa.gov/corps**

Instructions for Completion of Form:

- A. Typewritten is preferred. If handwritten, the form shall be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is \$70 made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

- 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:19-17.2 (Consent to Appropriation of Name).
 - (2) Any necessary governmental approvals.
- D. This form and all accompanying documents shall be mailed to the address stated above.