

**Society Name** .....

Name this badge is to be associated with .....

Legal name .....

Address .....

Branch Name .....

Phone Number ..... Date of Birth .....

E-mail Address ..... Date Submitted .....

Consulting Herald ..... Herald's E-mail/Phone .....

This name is (pick one):

already registered

submitted with this badge

previously submitted from the Kingdom of .....

Action Type

**New**

Resubmission

Kingdom

Laurel

Change, if registered:

release old badge .....

retain old badge(s)

Appeal (attach justification)

Other (specify) .....

If using any restricted charges, please give Kingdom and date of eligibility for that charge.

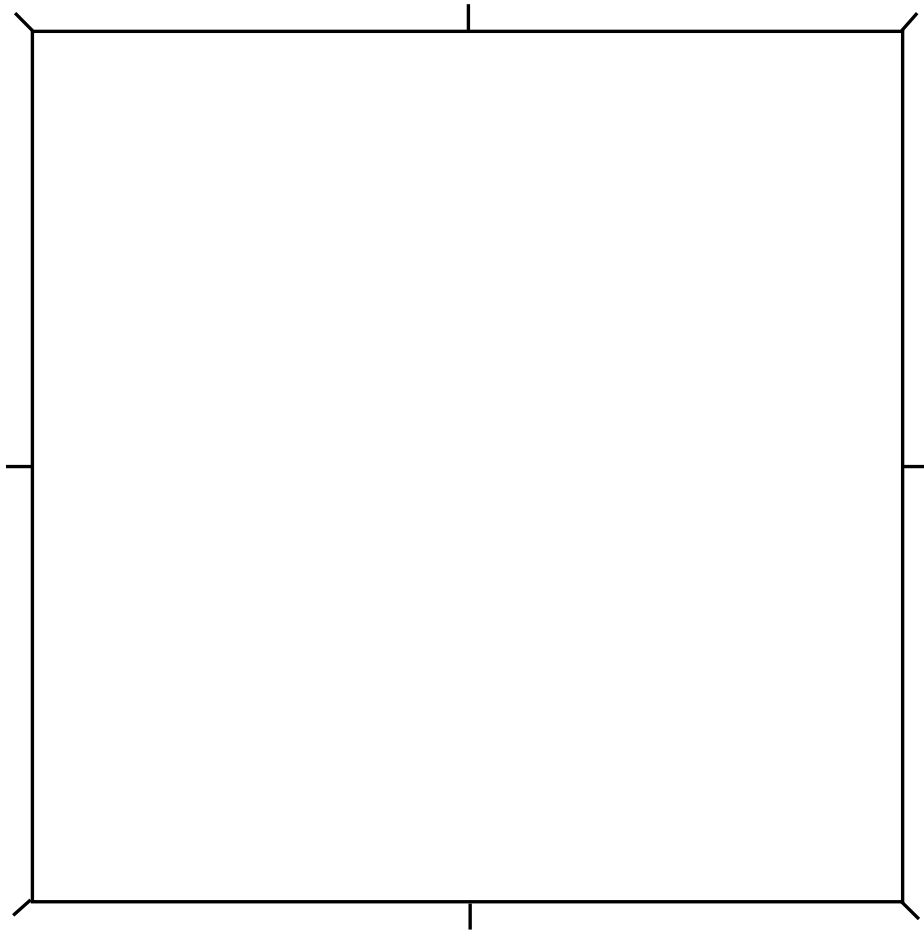
Is this badge jointly owned?  Yes  No

If Yes, co-owner's Society Name .....

(Note: the square below should be approximately 4.5 inches (11.4 cm) wide when printed)

Check here for a fieldless badge (no particular background)

Proposed Blazon (Consult a herald if possible. Use plain English if you don't know how to blazon.)



Instructions: send 1 colored copy and 1 black and white LINE drawing, and 1 copy of any documentation to the College of Heralds address listed in the Page. Include printouts of any web page cited as documentation. Make checks payable to "West Kingdom College of Heralds".

	Amount Received	Date Received	Action Taken	Amount Forwarded	Date Forwarded
Kingdom					
Laurel					