

INTERNAL USE OF AUPE LOGO APPLICATION



APPLICANT INFORMATION

Department or Component		Date:
Address:	City:	Postal Code:
Contact Name:	Phone Number:	
Email:		

LOGO USAGE ** Please submit sample, with size indicated, and how you will be using the AUPE logo.**

Usage Start Date:	Usage End Date:
Usage Rationale:	

Have you previously used our logo?	<input type="checkbox"/> YES <input type="checkbox"/> NO
------------------------------------	--

AUPE DISCLAIMER FOR USE OF LOGO

If approved, this document will serve as a binding contract between AUPE and the applicant for the agreed term. There will be no alterations, modifications or additions to the AUPE logo. The applicant is not permitted to change the presented sample that has been reviewed and approved. AUPE reserves the right to unilaterally cancel this contract for the use of the AUPE logo at any time during the contract term for any reason, without notice or penalty.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to the use of AUPE's Logo, I understand that false or misleading information on my application, or in my presentation, may result in the loss of logo rights.

Signature:	Date:
------------	-------

AUPE OFFICE USE ONLY		
Approved by Manager of Communications:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date:
Approved by AUPE President:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: