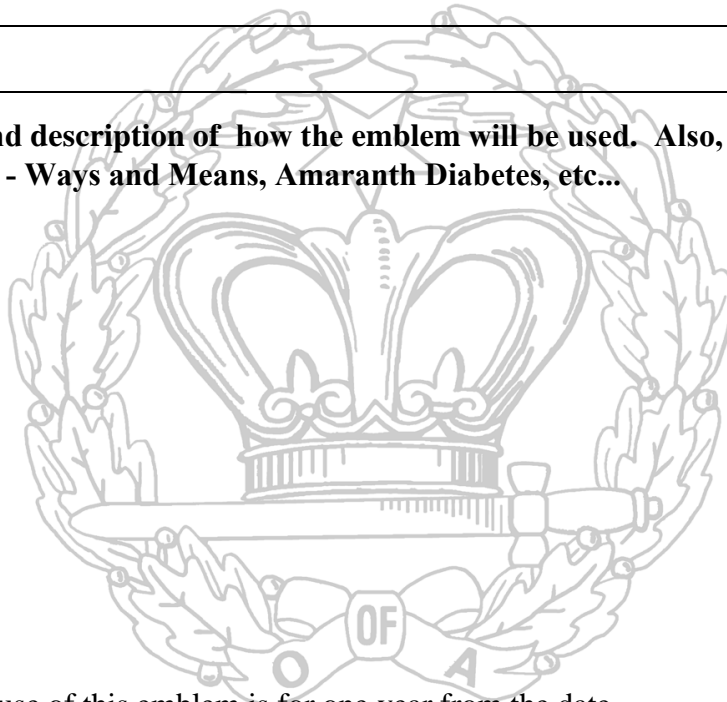


REQUEST TO USE THE ORDER OF THE AMARANTH TRADEMARK EMBLEM

NAME: _____ DATE: _____
ADDRESS: _____
CITY: _____
STATE/PROV: _____ POSTAL CODE: _____
GRAND COURT: _____
COURT: _____
SIGNED: _____
TITLE: _____
PHONE/EMAIL: _____

Request (BE SPECIFIC) and description of how the emblem will be used. Also, how will the money received be used - Ways and Means, Amaranth Diabetes, etc...



____ NOT APPROVED

____ APPROVED – The use of this emblem is for one year from the date _____ to _____.

Fee: \$10.00 for Members

\$50.00 for Vendors

Please include the fee and a self-addressed stamped envelope when submitting your request also **make checks payable to Supreme Council O of A, Inc.** The fee will be returned if the request is not approved. Mail the request to the Chairman of the Supreme Trustees. Name and address are in the Supreme Directory or contact the Supreme Secretary to obtain this information.

Chairman, Supreme Trustees O of A, Inc.