APPLICATION FOR VOLUNTARY ASSOCIATION
Form VA-1
Rev. 07/2026

West Virginia Secretary of State
Business & Licensing Division
Tel: (304)558-8000
Fax: (304)558-8381
Website: www.wvsos.gov

FILE ONE ORIGINAL
(Two if you want a filed stamped copy returned to you.)

FILING FEE: **$50**
* **Fee Waived for Veteran-owned association**

Control # _____

*** **The undersigned, acting as organizer(s) according to the West Virginia Code §47-9A-3, submit *** the following registration for a West Virginia Voluntary Association, which shall be perpetual.**

1. The **name** of the **Voluntary Association** shall be: [The name may not contain any word or phrase which implies that it is organized for any purpose other than those contained in these articles of association, and may not contain a word indicating it is incorporated (WV Codes 47-9A-4, 31D-4-402, 31E-4-402)].

_____

_____

* If the Association is formed under the laws of an other State, l**ist the State and Date of Original Formation**. See also **CHECK BOX** below.

Home State:_____

Date of Original Formation:_____

☐ **CHECK HERE to indicate you have obtained and submitted with this application a CERTIFICATE OF EXISTENCE (GOOD STANDING), dated during the current tax year, from your home state of original formation as required to process your application. The certificate may be obtained by contacting the Secretary of State's Office in the home state of original incorporation.**

2. The **address** of the **principal office** of the association will be:

Street: _____

City: _____ State: _____ Zip Code: _____

Located in the **County** of (required):

County: _____

The **mailing address** of the above location, if different, will be:

Street: _____

City: _____ State: _____ Zip Code: _____

3. The name and address of the **person(agent) to whom notice of legal process** may be sent, if any, will be:

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

4. **E-mail address** where business correspondence may be received: _____

5. **Website address** of the business, if any (*ex: yourdomainname.com*):_____

6. Do you **own or operate more than one business in West Virginia**? ☐ **Yes** * *Answer **a. and b.** below.* ☐ **No** ☐ **Decline to answer**

If "**Yes**"... a. How many businesses? _____ b. Located in how many West Virginia counties?_____

7. The **association is organized as** (check one) ☐ **NON-PROFIT, NON-STOCK** ☐ **FOR PROFIT**

8. a. The **purpose for which this association is formed** is as follows:

(Describe the type(s) of business activity which will be conducted, for example, "agricultural production of grain and poultry", "construction of residential and commercial buildings", "manufacturing of food products", "commercial painting." Purpose may conclude with words "…including the transaction of any or all lawful business for which voluntary associations may be formed in West Virginia.")

_____

_____

b. Is the business a **Scrap Metal Dealer**?

☐ **Yes** [If "**Yes**," you must complete the **Scrap Metal Dealer Registration Form** (Form SMD-1) and proceed to Section 9.]

☐ **No** [Proceed to Section 9.]

9. The **name(s) and address(es) of the organizer(s)** of the association (You must list at least ONE organizer. Attach additional page if necessary.):

	Name	Address	City	State	Zip Code
a)					
b)					

10. The **Titles, Names and Addresses** of the **Officers** (i.e., President, Vice-President, Secretary, Treasurer, etc.), **Owners or Members** of the Voluntary Association who have authority to sign documents are [at least two (2) individuals must be listed; attach additional pages if necessary.]

Officer Title	Officer Name	No. & Street Address	City	State	Zip Code

11. Attach any additional statement which may be required for the type of business to be conducted.

☐ Check here if you have attached a separate additional statement.

☐ Check here acknowledging that the members of the association consent to recognition of the application by the laws of the State of West Virginia with respect to corporation to the voluntary association.

☐ **Check here if the association will apply for a license to sell alcoholic beverages.** The members agree to the following:

Continued on next page

The purpose of this restaurant and business establishment will be that of selling, servicing and disbursing alcoholic beverages, providing that a West Virginia Alcoholic Beverage Control Commission License is issued, and for the disbursing of food and foodstuffs from its kitchen facilities located on said premise and any and all other business activities pertinent to and being a common part of the general business of restaurants, bars, supper clubs and related businesses of this type.
The aforesaid officers, hereinabove stated, mutually covenant and agree that they join themselves together for a common business purpose and, as such association members and officers, they fully intend to perform all the
duties and functions of their particular offices, and that by their subsequent signatures to their Agreement of Association, they do pledge themselves to join in a common effort for the promotion and financial success of this said restaurant business.

Said officers further mutually covenant and agree that they shall not knowingly violate any law of the State of West Virginia and or the United States of America and that they shall operate said restaurant business establishment at all times in a lawful manner and in a clean and decent atmosphere. Said officers further mutually covenant and agree that they shall make a proper accounting of said business and meet their obligations in as responsible a business manner as is available to them, and that no officer nor member of this association shall, in any way, cause his or her interest to be sold or disposed of unless first offering his or her interest to be sold to other members of this association as their right of first refusal to purchase the same.

This Agreement of Association is made and entered into by all members hereto as a joint venture and shall be treated as such until otherwise indicated. The members of this association by their signatures to this agreement, mutually covenant and state that they have read the foregoing agreement and consent to all the terms and conditions herein contained.

12. Is the organization a "**veteran-owned**" organization?

Effective **JULY 1, 2015**, to meet the requirements for a "**veteran-owned**" organization, the entity filing the registration must meet the following criteria per West Virginia Code §59-1-2a:

1. A "**veteran**" must be honorably discharged or under honorable conditions, and
2. A "**veteran-owned business**" means a business that meets one of the following criteria:
   - Is at least fifty-one percent (51%) unconditionally owned by one or more veterans; or
   - In the case of a publicly owned business, at least fifty-one percent (51%) of the stock is unconditionally owned by one or more veterans.

☐ **Yes** (If "**Yes,**" attach **Form DD214**) ☐ **CHECK BOX** indicating you have attached **Veteran Affairs Form DD214**

☐ **No**

You may obtain a copy of your Veterans Affairs Form DD214 by contacting:

National Personnel Records Center
Military Personnel Records
1 Archives Drive
St. Louis, MO 63138
Toll free: 1-86-NARA-NARA or
1-866-272-6272 Phone: 314-801-0800
www.archives.gov/veterans/military-service-records

Per WV Code 59-1-2(j) effective July 1, 2015, the **registration fee is waived** for entities that meet the requirements as a "**veteran-owned**" organization. See attached instructions to determine if the organization qualifies for this waiver. In addition, a "**veteran-owned**" entity will have **four (4) consecutive years of Annual Report fees waived** AFTER the organization's initial formation [see WV Code 59-1-2a(m)].

13. **Contact and Signature Information*** (See below ***Important Legal Notice Regarding Signature***):

a. Contact person to reach in case there is a problem with filing: _____ Phone: _____

b. Print name of person who is signing this application: _____

c. **Signature:** _____ **Date:** _____

Important Legal Notice Regarding Signature: Per **West Virginia Code** §31D-1-129**. Penalty for signing false document.** Any person who signs a document he or she knows is false in any material respect and knows that the document is to be delivered to the secretary of state for filing is guilty of a misdemeanor and, upon conviction thereof, shall be fined not more than one thousand dollars or confined in the county or regional jail not more than one year, or both.

Important Note: This form is a public document. Please **do NOT provide any personal identifiable information on this form** such as social security number, bank account numbers, credit card numbers, tax identification or driver's license numbers.

INSTRUCTIONS FOR FILING ARTICLES OF VOLUNTARY ASSOCIATION

BEFORE you fill out the application: The association name you select will be approved **only** if it is available - that is, if the name is not the same as and is distinguishable from any other name which has been reserved or registered with the West Virginia Secretary of State. If you prepare association papers without applying for and receiving a **Name Reservation** [**Form NR-1**] (for a domestic, West Virginia formed entity) or a **Name Registration** [**Form NR-2**] (for a foreign, out-of-State formed entity), you do so at your own risk. *A telephone check for name availability is NOT a guarantee the name will be available when the application is received by our office.*

You may apply for a Name Reservation or Name Registration, depending on the State of origin of the association, in writing, accompanied by a $15 fee payable to the Secretary of State, mailed to the address on the top of the application. Name Reservations (domestic entities) will be held for 120 days from the effective date of filing in our office. Name Registrations (foreign entities) are effective from the date of filing in our office until December 31 of that same filing calendar year.

If you plan to do business under any other name, other than the name on your certificate of association, you must register that **Trade Name** (DBA) [Form NR-3]with the Secretary of State. Failure to do so could result in a fine or imprisonment.

FILLING OUT THE APPLICATION

Section 1. Enter the exact **name** of the **Voluntary Association**. The name **may not** contain any word or phrase which implies that it is organized for any purpose other than those contained in these articles of association, and may not contain a word indicating it is incorporated. [WV Code **47-9A-4**, **31D-4-402**, **31E-4-402**]

*If the Association was formed in another State, **list the State and the date it was originally formed**.

☐ **CHECK THE BOX to indicate you have obtained and submitted with this application a CERTIFICATE OF EXISTENCE (GOOD STANDING), dated during the current tax year, from your home state of original organization as required to process your application. The certificate may be obtained by contacting the Secretary of State's Office in the home state of original organization.**

Section 2. The **principal office** may be located within West Virginia or another state. List the address of the principal office. You must include the county in which the principal office is located. You may change your principal office address by filing with the Secretary of State an application to appoint or change address, agent or officers [**Form AAO**] (fee $15).

Section 3. Enter the name of the person or business as "**agent for service of process**" who can receive service of summons or complaint, if you have one. You may change "agent for service of process" by filing with the Secretary of State an application to appoint or change address, agent or officers [**Form AAO**] (fee $15).

Section 4. List an **e-mail address** (*yourname@domainname.com*) where you can receive important e-mail notifications (e.g., **Annual Report** notices).

Section 5. List the **website address** (*domainname.com*) **of the business**, if any. DO NOT list a physical mailing address.

Section 6. Indicate whether or not you **own or operate more than one business in West Virginia**. If **"Yes"**...

a. List the **total number of businesses in West Virginia** in the space provided.
b. List the **total number of counties in West Virginia** in which the businesses conduct operations.

Section 7. In a **non-profit corporation**, no part of the income or profit of the association may be distributed to members, directors or officers. In a **for-profit association,** the assets and profits of the association "belong to" the members, and can be distributed to them. Check the appropriate box.

Section 8. It is important to describe the purposes of the association clearly to insure you receive all the necessary information about registering with the required State agencies. Attach additional pages if needed.

Section 9. List the full name(s) and address(es) of the person(s) who is(are) organizing the voluntary association.

Section 10. Enter the full names and addresses of **at least two** (2) people who have the **authority to sign documents** for the association. These may be officers, owners or members of the association.

Section 11. If any additional statement is required for the type of business the association will conduct, attach it and check the first box. **If the association intends to apply for a license to sell alcoholic beverages, read the agreement that follows Section 11 and check the third box.**

Section 12. Check the appropriate box indicating whether or not the organization is "veteran-owned." Effective **JULY 1, 2015**, the following criteria must be met in order to qualify as a "veteran-owned" entity: (1) veteran must be "honorably discharged or under honorable conditions;" and (2) a privately-owned entity must be at least fifty-one per cent (51%) unconditionally owned by one or more veterans; or (3) if a publicly-owned entity at least fifty-one per cent (51%) of the stock must be unconditionally owned by one or more veterans [see WV Code **59-1-2a(12)-(13)(A)(B)**]. **If "Yes," you must provide proof of veteran status by including with this application a copy of your Veteran Affairs Form DD214.**

Section 13. AT LEAST ONE (1) ORGANIZER OR MEMBER MUST SIGN THE APPLICATION. Listing a contact person and phone number is optional, however listing a person to contact in case of a problem with filing may help to speed the filing process along and avoid possible rejection of the document.

ANNUAL REPORT NOTICE:

West Virginia Code 59-1-2a. requires every voluntary association (both for profit and non-profit) to file an annual report and pay the annual report filing fee between January 1 and July 1 of each year following the calendar year in which the business was registered with the Office of the Secretary of State. Failure to file may result in revocation of the organization's legal authority to transact business in the state. Notification of the filing requirement will be sent, but the company is responsible for filing the annual report as required by West Virginia Code. You may file the annual report online at https://onestop.wv.gov.

FILING THE ARTICLES - ONE ORIGINAL REQUIRED - AND PAYING THE FEE
Send an additional original if you want a filed date-stamped copy returned to you at no additional cost.
The filing fee will consist of paying an initial registration fee.
If requesting a certified copy, an additional fee of $15 per certified copy is required.

Registration fee* _____

$15 per certified copy: +_____

Total fee: =_____

Registration fee - $50
* **Veteran-owned** entity registration
FEE WAIVED - $0
Registration fee is waived for "veteran-owned" entity effective July 1, 2015 per WV Code **59-1-2(j)**; **Be sure to attach the veteran proof of status Veteran Affairs Form DD214when claiming "veteran-owned" status.]**

****** Make your checks payable to West Virginia Secretary of State. ******

TEXT ALERTS: Stay up-to-date regarding filing deadlines and changes to business, charity, notary, private investigation, and security guard laws. To sign up, visit the Secretary of State online at **www.wvsos.gov** and select **Text Alerts**. Next, under the heading, "Choose SMS Subscription," click the down arrow and select "Business and Licensing." Then enter your ten-digit mobile phone number and your cellular carrier. Click *Subscribe*. This will allow you to get important information delivered right to your mobile phone. Please note, standard text messaging rates apply and you may unsubscribe at any time.

CHARITABLE REGISTRATION: If your company receives contributions, donations or grants, registration as a charitable organization may be required. Contact our office for more information or visit our web site at **www.wvsos.gov**.

DISSOLUTION (Domestic)/WITHDRAWAL (Foreign): A Voluntary Association is a legal entity which can only be dissolved (domestic WV association) or withdrawn [foreign (out-of-state) association] through formal action by filing the necessary documents for dissolution or withdrawal - not by a letter or phone call. You remain liable for all taxes, assessments, fines, penalties and interest until you receive a certificate of dissolution from the Secretary of State. Contact our office for more information.

West Virginia Secretary of
State Business & Licensing
Division Tel: (304)558-8000
Fax: (304)558-8381
Website: www.wvsos.gov

CUSTOMER ORDER REQUEST

INCLUDE THIS FORM WITH YOUR FILING

Name of Business on Filing: _____

Contact for Filing:
Name: _____
Phone: _____
Email: _____

Order Description: Please Identify the type of filing or request being made.

EXPEDITING SERVICE OPTIONS*

- ☐ Standard (5-10 business days) - No additional cost
- ☐ In-Person Same Day -$25 in addition to filing fee
- ☐ Next Business Day - $25 in addition to filing fee
- ☐ 2 Hour - $250 in addition to filing fee
- ☐ 1 Hour - $500 in addition to filing fee

Expediting Service is NOT AVAILABLE for:

-Dissolutions / Withdrawals of Corporations, Voluntary Associations, or Business Trusts
-Credit Service Organization Registrations
-Trademark Filings
-Sole Proprietor / General Partnership Trade Names

*Fees apply to each business. Time frame Indicates when the filing will be completed and registered in the Secretary of State database.

Return Information:

Method of Return:

- ☐ Hold for Pick Up
- ☐ Email: _____
- ☐ Specialty Carrier (Please provide return envelope & prepaid label)
- ☐ USPS Mail (standard)
  Attention: _____
  Street: _____
  City: _____ State: _____ Zip code: _____

Please Mail Filing to Any Secretary of State Hub Office		
WV One Stop Business Center 13 Kanawha Blvd. W. Suite 201 Charleston, WV 25302	**North Central WV Business Hub** 153 West Main Street Suite G - Third Floor Clarksburg, WV 26301	**Eastern Panhandle Business Hub** 229 East Martin Street Martinsburg, WV 25401

Secretary of State State Capitol Building Charleston, WV 25305 Phone: (304) 558-6000 Website: sos.wv.gov

Next Business Day, 2-Hour, and 1-Hour Expedite Service Guidelines

NEXT BUSINESS DAY EXPEDITE SERVICE

The Secretary of State offers a 24-hour expedite service on most business organization filings processed by this office. If you choose to utilize this service, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. You must mark the document with your "**24-HOUR EXPEDITE"** request. If using a cover letter, note that you are requesting 24-hour expedited service, and include your telephone number and return information. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made. This office *does not* **f**ax confirmation of a 24-hour expedite.

The fee for 24-hour handling is $25.00 in addition to the usual fee for service. Please consult our fee schedules for the appropriate fee. If you require assistance, please contact this office.

Time Constraints: Under most circumstances, each filing submitted receives same day filing date and may be picked up in the office by the end of the same business day. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in acceptable fileable form.

2-HOUR EXPEDITE SERVICE

The Secretary of State offers a 2-hour expedite service on most filings processed by this office. If you choose to **u**tilize the 2-hour expedite service, please enclose with your filing an additional $250.00 per filing and/or order. Please note that this **e**xpedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 2-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 2-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-HOUR EXPEDITE SERVICE

The Secretary of State offers a 1-hour expedite service on most filings processed by this office. If you choose to **u**tilize the 1-hour expedite service, please enclose with your filing an additional $500.00 per filing and/or order. Please note that this **e**xpedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 1-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 1-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-Hour and 2-Hour Time Constraints: Each filing submitted for either 1-hour or 2-hour expedite receives same day filing date and will be acknowledged by fax or e-mail within expedite service time. Failure to indicate method of acknowledgment (fax or e-mail) or to provide a correct fax number or e-mail address may prevent the Secretary of State from acknowledging the filing of such documents. Filings may be picked up within the expedite service period. Filings to be mailed will be mailed out no later than the next business day following receipt. Expedite period begins when filing or service request is received in this office in fileable form.

The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages or equipment malfunction. These extensions are few and will rarely extend more than a few hours.