



**JOB'S DAUGHTERS INTERNATIONAL
SUPREME GUARDIAN COUNCIL**



REQUEST FOR USE of OFFICIAL TRADEMARK(S)

Date: _____

Name: _____ Title: _____

Mailing Address: _____

City/State/Province: _____ Zip/Postal Code: _____

E-mail Address: _____

Requesting bid on behalf of: _____
(Bethel No. & Location / GGC / JGC / Session Arrangements Comm.)

Item to be produced: _____
(Give complete description, color, quality, size, thickness of fabric, etc. When possible, provide photo/drawing of item.)

Trademark to be used:
(check one) **Name: "Job's Daughters International"**
 Triangle with IYOB FILIAE
 JDI International Logo

Placement of Trademark on item: _____
(For example: Emblem on upper left side of shirt.)

Name of Vendor you plan to use: _____
(Attach copy of bid from Vendor)

Address of Vendor: _____

Reason for rejecting DMI Bid: _____

Where do you plan to sell this item? _____

How will the proceeds of the sale be used? _____

Number at which you can be reached for questions: _____

Send this form, bids from DMI and bids from preferred Vendor to:

Cindi Gott, BOT Trademark Liasion
cgott@iuhealth.org

E-Mail Submission

Depending on the type of e-mail you have, as well as how your computer is