

# Student Organization Registration Form

(Please Print Clearly or Type)

<b>Student Organization:</b>	
<b>Academic Year</b>	
<b>Date Submitted</b>	

## Type of Organization (Check type)

	Honor Society/Recognition		Religious
	Professional		Departmental
	Social (Fraternity/Sorority)		Interest
	Other:		Governing Body

Number of Enrolled Student Members			
Number of Total Members			
Constitution/By Laws:			
National		Local	

**NOTE:** The following information is used to compile a student organization directory that is published and also made available through electronic media. We will not publish the student I.D. number.

<b>Advisor:</b>	
<b>Full Name</b>	
Student ID	
Street Address	
City	
State	
Zip Code	
Phone Number	
E-Mail	
<b>President:</b>	
<b>Full Name</b>	
Student ID	
Street Address	
City	
State	
Zip Code	
Phone Number	
E-Mail	
<b>V-President:</b>	
<b>Full Name</b>	
Student ID	
Street Address	
City	
State	
Zip Code	
Phone Number	
E-Mail	

<b>Secretary: Full Name</b>	
Student ID	
Street Address	
City	
State	
Zip Code	
Phone Number	
E-Mail	
<b>Treasurer: Full Name</b>	
Student ID	
Street Address	
City	
State	
Zip Code	
Phone Number	
E-Mail	

**President's Agreement: In submitting this registration form, the members of**

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agree to comply with all policies, regulations, and procedures established by the Board of Trustees and the University, the Code of Student Rights, Responsibilities and Behavior, and with all federal, state, and local laws.

<b>President's Signature</b>	<b>Date</b>
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**Meeting Information:**

Regular Meeting	
Place	
Day(s) of the Week	
Time	

**Organization Advisor's Agreement: As advisor to**

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for the current academic year, I agree to fulfill the following duties: serve in an advisory capacity, attend regularly scheduled meetings, sign required student organization forms and documents, verify that all officers have a cumulative 2.00 grade point average while holding office, and that they meet the requirements for membership as stipulated in the constitution/by-laws, and to attend functions and activities sponsored by the organization when possible and /or when required. If I am unable to perform the duties as stated, I will notify the organization and the Office of Campus Life in writing that I am resigning.

Advisor's Signature	Date
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