Organization Registration Form

2011-2012

Organization Name_____________________________________________________

In order for your organization to maintain official college recognition, an “organization registration form” must be filed with the Office of Student Activities. Please complete the form below and return to the Student Government Office. Upon return of this form, your organization will be eligible; to request funding from the Student Government, reserve facilities within the Campus Center, establish a Student Activities Organizational Charge Account, keep the mailroom up-to-date, and supply information to the Alumni Office for social affairs.

In addition, each organization must select a Faculty/Administrator to serve as an advisor. The Advisor selected will serve until the next election. At that time, the organization may retain the same advisor or ask a new Faculty or Administrator to serve as their advisor.

PLEASE PRINT
Officers

PRESIDENT
Name:_______________________________________________________________________
Box # and Email:______________________________________________________________
Cell Phone #:_________________________________________________________________

V. PRESIDENT
Name:_______________________________________________________________________
Box # and Email:______________________________________________________________
Cell Phone #:_________________________________________________________________

TREASURER
Name:_______________________________________________________________________
Box # and Email:______________________________________________________________
Cell Phone #:_________________________________________________________________

SECRETARY
Name:_______________________________________________________________________
Box # and Email:______________________________________________________________
Cell Phone #:_________________________________________________________________

S.G.A. REPRESENTATIVE
Name:_______________________________________________________________________
Box # and Email:______________________________________________________________
Cell Phone #:_________________________________________________________________

Meeting Time:________________     Meeting Location:____________________________

ADVISOR AGREEMENT

ADVISOR NAME:__________________________     PHONE #:__________________________, agrees to serve, in an active role as advisor for (Organization Name)________________________________, for the year 2010, to 2011. By signing this form, I have read the roles and responsibilities of an advisor and understand what is expected of me in the advisor capacity.

____________________________________         ______________________
(Signature of Advisor)                   (Date)

____________________________________             ______________________
(Signature of Organization’s President)     (Date)