Proposed Name of the Organization $\qquad$
Acronym (if applicable) $\qquad$
Advisor Information:
Name $\qquad$ Email $\qquad$
Phone $\qquad$ Campus Address $\qquad$
Department $\qquad$ Position/Title $\qquad$
Type of Organization (check one of the following):

$\square$ Academic
$\square$ Dance \& Entertainment
$\square$ Education \& Humanitarian
$\square$ Political \& Government

Religious
$\square$ Service
$\square$ Social
$\square$ Other (explain)

## Contact Information

Officers:

| Position/Title | Name | Email | Phone \# |
| :---: | :---: | :---: | :---: |
| President |  |  |  |
| Vice President |  |  |  |
| Treasurer |  |  |  |
| SGA Rep |  |  |  |
|  |  |  |  |

Members:

| Name | Email | Phone \# |
| :--- | :--- | :--- |
|  |  |  |
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## Organization Details

Purpose of Organization:
$\square$
Proposed Mission Statement:
$\square$
How will your proposed organization be different from others already on campus or what unique needs will your organization meet?
$\square$
Describe the membership requirements of your organization:
$\square$

## Organization Activities

Proposed Organization Activities (check all that apply)
$\square$ Academic
$\square$ Conference/Speaker
$\square$ Fundraiser
$\square$ Service
Social Event (on-campus or off-campus? please circle)
$\square$ Retreats
$\square$ Service
$\square$ Other (explain) $\qquad$
$\square$ Conference/Speaker
$\square$ Service
Proposed Meeting Structure (check all that apply)
$\square$ Meetings with Advisor - how often? $\qquad$
$\square$ Executive Officer Meetings - how often? $\qquad$
$\square$ General Member Meetings - how often? $\qquad$
$\square$ Committee Meetings - how often? $\qquad$
$\square$ Other - how often? Explain. $\qquad$

