

NEW STUDENT ORGANIZATION REGISTRATION FORM

Proposed Name of the Organization	
Acronym (if applicable)	
Advisor Information:	
Name	Email
Phone	Campus Address
Department	Position/Title
Type of Organization (check one of the following):	
 Academic Dance & Entertainment Education & Humanitarian Political & Government 	Religious Service Social Other (explain)

Contact Information

Officers:

Position/Title	Name	Email	Phone #
President			
Vice President			
Treasurer			
SGA Rep			

Members:

Name	Email	Phone #

Proposed Mission Statement:

How will your proposed organization be different from others already on campus or what unique needs will your organization meet?

Describe the membership requirements of your organization:

Organization Activities

Proposed Organization Activities (check all that apply)

Academic	Social Event (on-campus or off-campus? please circle)
Conference/Speaker	Retreats
Fundraiser	Service
Service	Other (explain)
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Proposed Meeting Structure (check all that apply)

Meetings with Advisor – how often?
Executive Officer Meetings – how often?
General Member Meetings – how often?
Committee Meetings – how often?
Other – how often? Explain.
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