

STUDENT ORGANIZATION REGISTRATION 2009-2010

Organization Name

Organization Type (Please check one)

- | | | | | | | | |
|---------------------|--------------------------|-------------------|--------------------------|---------------|--------------------------|-------------------|--------------------------|
| Academic | <input type="checkbox"/> | Governance | <input type="checkbox"/> | Multicultural | <input type="checkbox"/> | Special Interest | <input type="checkbox"/> |
| Community Service | <input type="checkbox"/> | Honorary | <input type="checkbox"/> | Political | <input type="checkbox"/> | Sports/Recreation | <input type="checkbox"/> |
| Fraternity/Sorority | <input type="checkbox"/> | Media/Publication | <input type="checkbox"/> | Religious | <input type="checkbox"/> | | |

Organization Description

(Describe the main purpose of your organization and summarize organizational activities. This description will be used in the student organization directory and on the Student Activities web site)

Club MC Participation (Thursday, August 27th, 5pm – 7pm)

- Yes, My organization would like to participate in Club MC (your club will be provided with 1 table and 2 chairs)
- No, my organization does not plan to participate in Club MC

Meeting Information

Day of week: _____ Time: _____ Frequency: _____ Location: _____

Officer Contact Information (please list the two students that serve as your Budget Authorities-those students that can sign financial paperwork)

| Name | Position | Box Number | Phone Number | Email Address |
|------|----------|------------|--------------|---------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

Officer Transition occurs (please provide month): _____

Advisor Contact Information

| Name | Department | Phone Number | Email Address |
|------|------------|--------------|---------------|
|------|------------|--------------|---------------|

Organization Information

Number of Active Members: _____

Non-Discrimination Clause:

“We acknowledge that the membership practices of this organization are in compliance with all regulations regarding non-discrimination based on age, race, color, national or ethnic origin, disability, gender orientation, or religious affiliation.” Please note: Fraternities, Sororities and Club Sports may limit membership on the basis of gender.

To the best of my knowledge the information supplied in this registration form is correct. Furthermore, I have read and understand the Non-Discrimination Clause.

Presiding Officer’s Signature

Advisor’s Signature

