

Student Organization Registration Form

Organizations that do not update this form for a period of two semesters will be considered inactive.

Date Submitted: _____

Organization Name: _____

Organization Homepage Address (if applicable): _____

President: _____

President's Local Address: _____

President's Phone: _____ **President's E-Mail:** _____

Primary Advisor: _____

Advisor's Campus Address: _____

Advisor's Phone: _____ **Advisor's E-Mail:** _____

List of Active Members:

Name and Extension	Name and Extension	Name and Extension
_____	_____	_____
_____	_____	_____
_____	_____	_____

Meeting Time & Location: _____

Mission Statement: _____

Single Paragraph Description of Purpose: _____

