



Club and Organization Annual Registration Form

Organization Name: _____

Organization Mission: _____

Does the organization have any affiliations or relationships with organizations outside of the University? If so, please name the outside organization(s). _____

| Office | Individual Name | Local Address | e-mail Address | Phone Number |
|----------------|-----------------|---------------|----------------|--------------|
| President | | | | |
| Vice President | | | | |
| Secretary | | | | |
| Treasurer | | | | |
| Senator | | | | |
| Advisor | | | | |

Membership: _____

When are elections held? _____

*Complete Club Roster on reverse side

Meeting Location: _____

Meeting Time: _____

Contact Person: _____

Phone #: _____

Signatures _____
ORGANIZATION PRESIDENT

DATE

ORGANIZATION ADVISOR

DATE