



Registered Student Organization Signature Form

Date Academic
 Year Name of Organization

Purpose of Organization

Are you or have you been affiliated with any off-campus or national organization?

Yes

No

If Yes above please name here.

Officers:

Title Name

Address Phone Number E-mail

Title Name

Address Phone Number E-mail

Title Name

Address

Phone Number

E-mail

Complete and Attach the following.

Organization's Constitution

A list of current member's names, addresses, and numbers

Check if attached

Check if attached

I certify that the above information is accurate and that this organization will abide by college rules and regulations, and all local, state, and federal laws. I have read and agree to comply with the student organization policies and procedures. As the highest officer and officer and official representative of the organization I understand that I may be held responsible for activities or behavior of the organization and I am liable for all debts and obligations incurred by the organization.

Signature

Date

I understand the sponsors roles and duties and agree to serve as a sponsor of the student organization listed on this form.

Primary Sponsor Name

Office Location

Office Phone Number

Home Phone Number

Signature

This organization is approved or disapproved for the academic year indicated on this form.

Approved

Disapproved

Director of Student Activities

Date

VP of Student Services