



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