

STUDENT ORGANIZATION REGISTRATION FORM

Southeastern Oklahoma State University

Date Received: _____ OFFICE USE ONLY:

APPROVED
 DENIED

PLEASE TYPE OR PRINT

Requested Status:

Registered

Recognized

NAME OF ORGANIZATION _____

TYPE OF ORGANIZATION _____

Brief description or purpose of organization: _____

Affiliation: (if group is part of an off campus, local, regional, state, national, or international organization, provide name and organization headquarters address)

Requirements for Membership _____

Meetings Held: M T W TH F Sa Su _____ Dues: _____
 (Circle one) Time Place (how often)

Officers Information

Name & Office	Address	Phone	Email

Faculty/Staff Advisor: _____
 Name Extension Address

Other Advisor: _____
 Name Phone Mailing Address

Federal Tax ID# _____

I certify that the above information is accurate and acknowledge my responsibility to keep this record accurate and up to date. The organization will comply with the university policies and procedures outlined in the Handbook, including but not limited to policies on hazing, illegal use of alcoholic beverages and narcotics or drugs. The organization's mission or purpose cannot be contrary to the missions, goals, and purposes of Southeastern Oklahoma State University as stated in official University documents. The organization's officers will make this information available to all organization members. The organization will abide by all applicable state, local and federal laws. The organization will not discriminate against members or prospective members on the basis of race, color, creed, national origin, physical disability, or gender (except those under Section 86.14 and 86.31 of the Higher Education Amendments of 1972), and there is nothing in the national and/or local constitution of the organization which violates the rules and regulations of Southeastern Oklahoma State University. I understand that I may be personally liable for all debts and obligations incurred by the organization.

SIGNED _____ (President) Date _____
 SIGNED _____ (Advisor) Date _____