

University Of Southern Indiana

# STUDENT ORGANIZATION REGISTRATION RENEWAL FORM

*Must be completed by the third Friday of the fall semester and returned to the Office of Student Development Programs, UC 015.*

**(PRINT OR TYPE)**

Name of Organization \_\_\_\_\_ Abbreviation \_\_\_\_\_ URL \_\_\_\_\_

Day/Time of Meetings \_\_\_\_\_ Meeting Location \_\_\_\_\_

List meeting dates for the upcoming semester \_\_\_\_\_

**Under what listing should the organization be listed in the Involvement brochure and USI web page? (Circle One)**

Academic/Professional	Sports Club	Religious	Multicultural	Political	Special Interest	Service
Media	Governing Bodies	Honor Societies	Events/Programming	Fraternity	Sorority	
Other: _____						

**Description or Purpose of Organization:**

\_\_\_\_\_

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**When will the organization's next election be? (month/year)** \_\_\_\_\_ **Do you want a mail box in the UC Student Involvement Center?** \_\_Yes\_\_No

**Campus Advisor's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Bldg/office #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*List any other advisors here. Add additional sheet if necessary:*

Advisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Bldg/office #: \_\_\_\_\_ Email: \_\_\_\_\_

Local Address, City, State, Zip: \_\_\_\_\_

**President Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Campus Address , City, State, Zip:** \_\_\_\_\_ **phone** \_\_\_\_\_

**Permanent Address, City, State, Zip:** \_\_\_\_\_ **phone** (\_\_\_\_) \_\_\_\_\_

**The Office of Student Development Programs will publish the following information about student organizations in its publications and on its web site: Organization name, type, and meeting information; primary advisor and phone number; president name and e-mail address; VP, Sec. & Treas. Names; URL.**

**In addition, we often receive calls from students or members of the community wanting to contact the organization. Please mark other information that is acceptable to release:** \_\_\_Next Election \_\_\_Information about advisors that are not USI employees \_\_\_President's campus address \_\_\_President's campus phone \_\_\_President's Permanent Address \_\_\_President's Permanent Phone \_\_\_VP's e-mail \_\_\_Secretary's e-mail \_\_\_Treasurer's e-mail \_\_\_Other Officer names & info \_\_\_Scheduled events

**\*\*If you do not wish to have the president as the main contact person, who do you want listed? Name:** \_\_\_\_\_ **\*OVER\***

**Contact Information (address, phone, and/or e-mail)** \_\_\_\_\_

*My signature indicates that I am aware of, and agree to abide by the policies and procedures of the University of Southern Indiana. By filling in my student ID number (social security number), I give the Office of Student Development Programs my permission to verify my academic standing with the University. (Please note, only individuals who are registered as USI students may hold an office of any registered student organization).*

**President's Signature** \_\_\_\_\_ **Student ID No.** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please list officers, directors, board members and chairpersons:**

Name	ID#	Address, City, State, Zip	E-mail	Phone #
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<u>Vice President</u>				
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Secretary				
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Treasurer				
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Other:				
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Other:				
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To help us coordinate university calendars, please list organizational programs and dates scheduled this semester (list any special remembrances or anniversaries):

For Office Use Only:    Renewal Recvd: ___/___/___    Databased: ___/___/___    Update Sent: ___/___/___    President's status verified ___/___/___
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