

**Texas Lutheran University**  
**Office of Student Activities**  
**Organization Information**

Name of Organization: \_\_\_\_\_

Purpose of Organization: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List of Officers:**

Office	Name	Phone No.	E-mail	Year in School

Requirements for Membership: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Cost of Belonging (Dues): \_\_\_\_\_

Organization Meeting Dates/Times/Location: \_\_\_\_\_

\_\_\_\_\_

**On-Campus Advisor:**

Name: \_\_\_\_\_

Phone No. \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

**Additional Advisor:**

Name: \_\_\_\_\_

Phone No. \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_