

# STUDENT ORGANIZATION REGISTRATION FORM

Please return completed forms to the Office of Student Activities located in College Center 125. This form must be submitted by the 2<sup>nd</sup> SGA meeting of each semester to receive funding and recognition.

## ORGANIZATION INFORMATION

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

Meeting Time: \_\_\_\_\_ Meeting Place: \_\_\_\_\_

Meeting Date: \_\_\_\_\_ Meeting Frequency: \_\_\_\_\_

## **RELEASE OF INFORMATION & STATEMENT OF NON-DISCRIMINATION**

By signing this form, this organization, the leadership team and advisors agree to abide by all applicable federal and state laws and Wesley College policies. Furthermore, we shall not discriminate on the basis of race, color, age, gender, religion, veteran's status, sexual orientation, national origin, or disability in our educational programs or activities.

We also grant permission to the Office of Student Activities to verify contact information, academic status, and disciplinary status as it pertains to this student organization. We further understand that contact information may be provided to other parties that have an interest in the development of, or can provide legitimate services for the organization.

## OFFICER INFORMATION

**President:** \_\_\_\_\_ Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Vice President:** \_\_\_\_\_ Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Treasurer:** \_\_\_\_\_ Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Secretary:** \_\_\_\_\_ Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Secretary:** \_\_\_\_\_ Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**SGA Rep:** \_\_\_\_\_ Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## ADVISOR INFORMATION

By signing below, I agree to assist this student organization with maintaining its active status over the course of the academic year. This includes, but is not limited to, reserving rooms, attending organization on and off campus functions, meetings, and programs; ensuring compliance with Wesley College policy, as well as state and federal laws; educating members regarding ethical behavior; ensuring adherence to the organizational constitution; and monitoring grade point averages of members and the leadership team.

**Advisor:** \_\_\_\_\_ Signature: \_\_\_\_\_

Local Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## **ADDITION FILES REQUIRED (Please attach to form):**

Constitution: \_\_\_\_\_ By-Laws: \_\_\_\_\_ Member Roster: \_\_\_\_\_

## **OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Student Affairs Staff Initials: \_\_\_\_\_ Approved: Yes No

Constitution on file: Yes No By-Laws on file: Yes No Roster on file: Yes No