



# **CAMPUS ORGANIZATION REGISTRATION PACKET**

(FOR ALL; NEW AND RE-REGISTERTING ORGANIZATIONS AND CLUBS)

Submit application and appropriate documentation  
to the  
Office of Student Affairs  
Westside Student Center  
5700 North Tamiami Trail, WSC  
Sarasota, Florida 34243

University of South Florida, Sarasota-Manatee Campus

**CAMPUS ORGANIZATION REGISTRATION FORM**  
**(for new and re-registering organizations)**

*PLEASE TYPE OR PRINT*

1. **Organization Name** \_\_\_\_\_

2. **Officer Information**

A. **President** \_\_\_\_\_ **U** \_\_\_\_\_  
Name USF ID Number

Expected Graduation: \_\_\_\_\_ Major \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

B. **Vice-President** \_\_\_\_\_ **U** \_\_\_\_\_  
Name USF ID Number

Expected Graduation: \_\_\_\_\_ Major \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

C. **Treasurer** \_\_\_\_\_ **U** \_\_\_\_\_  
Name USF ID Number

Expected Graduation: \_\_\_\_\_ Major \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

University of South Florida, Sarasota-Manatee Campus

**CAMPUS ORGANIZATION REGISTRATION FORM**  
**(for new and re-registering organizations)**

D. **Secretary** \_\_\_\_\_ **U** \_\_\_\_\_  
Name USF ID Number

Expected Graduation: \_\_\_\_\_ Major \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

E. **Other** Title \_\_\_\_\_

\_\_\_\_\_ **U** \_\_\_\_\_  
Name USF ID Number

Expected Graduation: \_\_\_\_\_ Major \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

---

3. Do you have a bank account in the name of your club/organization?  Yes  No  
If 'Yes,' Bank \_\_\_\_\_

4. When does / will your organization hold meetings? \_\_\_\_\_

5. Where does / will your organization hold meetings? \_\_\_\_\_

6. Has your organization revised its constitution during the previous term?  Yes  No

University of South Florida, Sarasota-Manatee Campus

**CAMPUS ORGANIZATION REGISTRATION FORM  
(for new and re-registering organizations)**

If 'Yes,' please attach a copy.

*Special Note: All new organizations must attach a copy of the constitution, which must be approved.*

We, the undersigned officers of \_\_\_\_\_  
have read and agree to adhere to the policies and procedures for the Student Organization Registration and  
conduct of the University of South Florida at Sarasota-Manatee. We also agree to the spending procedures set  
forth by The Florida Statutes, USF, Student Affairs office, and the Student Government Association of the  
University of South Florida at Sarasota-Manatee. We agree to supply financial information upon request to the  
Office of Student Affairs and/or the Student Government Association. Additionally, we waive our rights to the  
Family Educational Rights & Privacy Act so that our student status can be verified and our names and telephone  
numbers may be given to students requesting more information concerning the Organization.

\_\_\_\_\_  
Signature of President

\_\_\_\_\_  
Signature of Vice President

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature of Treasurer

\_\_\_\_\_  
Signature of Secretary

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature of Other

\_\_\_\_\_  
Print Title

\_\_\_\_\_  
Print Name

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

University of South Florida, Sarasota-Manatee Campus

**CAMPUS ORGANIZATION REGISTRATION FORM**  
**(for new and re-registering organizations)**

**Organization Advisor**

Name of Organization (please print): \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_  
Print Name

Department \_\_\_\_\_ Position \_\_\_\_\_

\_\_\_\_\_  
Signature of Advisor Date

University of South Florida, Sarasota-Manatee Campus

REQUEST FOR NEW ORGANIZATION
(preliminary registration)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Proposed Name of Organization \_\_\_\_\_

Proposed Objectives / Purpose \_\_\_\_\_

Membership Qualifications \_\_\_\_\_

Is Full membership available to Non-USF Students? [ ] Yes [ ] No

Name and Address of Student Completing this Form

Print Name \_\_\_\_\_ Role in Organization \_\_\_\_\_

Print Address \_\_\_\_\_
Number and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Rights and Privileges

The proposed organization may advertise and reserve rooms for the purpose of organizing for a period not to exceed six (6) weeks. See period of registration, below.

Period of Registration

The preliminary registration for this organization expires on \_\_\_\_\_ (to be completed by the Student Affairs Office). If the organization has not filed the Petition for Official Registration and a copy of the constitution by this preliminary registration date, the rights and privileges indicated above will be revoked. All required materials must be submitted to the Office of Student Affairs or to the Vice President of the Student Government Association.

Non-discrimination and Anti-Hazing Clause

We hereby certify that the members of the proposed organization will choose and accept new members without discrimination as to race, religion, national origin, age, disability, sexual preference, or gender (social fraternities and sororities are exempt from the gender discrimination restriction). We further certify that the members of the above-named organization do not, as a part of their initiation procedures or at any other time, engage in hazing. I understand that hazing is defined as any pastime or amusement engaged in which causes, or is likely to cause bodily danger or physical harm, and any act that injures, degrades, or disgraces, or tends to injure, degrade, or disgrace, any fellow student, that student's consent notwithstanding.

Approval for Preliminary Registration

Student Affairs \_\_\_\_\_ Date \_\_\_\_\_

Student Government Association \_\_\_\_\_ Date \_\_\_\_\_

University of South Florida, Sarasota-Manatee Campus

ACTIVITY AND SERVICE FEE FUNDING ELIGIBILITY FORM
(required of new and current organizations)

PLEASE TYPE OR PRINT

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

Purpose Statement (will be listed in the Student Organization Director) \_\_\_\_\_

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

Activity and Service Fee Funding Checklist (In order to receive funding from the Student Government Association, the Organization must complete each of the items below.)

- 1. Maintain "Official" standing with the Office of Student Affairs [ ] Yes [ ] No
2. Requires dues for Membership [ ] Yes [ ] No
3. Membership consists of one hundred percent (100%) University of South Florida Students [ ] Yes [ ] No
4. Membership consists of students and other University-affiliated persons who hold no official position and have non-voting status. [ ] Yes [ ] No
5. Denies or withholds membership to any enrolled student at the University of South Florida. [ ] Yes [ ] No
6. Includes any requirements necessary to be a member (by major, grade point average, etc).1 [ ] Yes [ ] No

If "No," please explain: \_\_\_\_\_  
\_\_\_\_\_

- 7. Membership Listing consists of the names, addresses, telephone numbers, USF-ID numbers and signatures of ten (10) currently enrolled students of the University of South Florida Sarasota-Manatee, and that each student so listed has a grade point average of at least 2.0.

\_\_\_\_\_  
Signature of President

\_\_\_\_\_  
Signature of Vice President

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature of Advisor

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Office of Student Affairs Acceptance and Verification

\_\_\_\_\_  
Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

1 Note that this does not apply to social or service fraternities and sororities.

University of South Florida, Sarasota-Manatee Campus

CAMPUS ORGANIZATION REGISTRATION FORM – ACTIVE MEMBER LIST

(required of new and current organizations)

PLEASE TYPE OR PRINT

Name \_\_\_\_\_ U \_\_\_\_\_  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing Undergraduate Studies  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
(one you will check!)

Name \_\_\_\_\_ U \_\_\_\_\_  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing Undergraduate Studies  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
(one you will check!)

Name \_\_\_\_\_ U \_\_\_\_\_  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
(one you will check!)

University of South Florida, Sarasota-Manatee Campus

CAMPUS ORGANIZATION REGISTRATION FORM – ACTIVE MEMBER LIST  
(required of new and current organizations)

PLEASE TYPE OR PRINT

Name \_\_\_\_\_ U \_\_\_\_\_  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing Undergraduate Studies  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
(one you will check!)

Name \_\_\_\_\_ U \_\_\_\_\_  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing Undergraduate Studies  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
(one you will check!)

Name \_\_\_\_\_ U \_\_\_\_\_  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
(one you will check!)

University of South Florida, Sarasota-Manatee Campus

CAMPUS ORGANIZATION REGISTRATION FORM – ACTIVE MEMBER LIST  
(required of new and current organizations)

PLEASE TYPE OR PRINT

Name \_\_\_\_\_ U \_\_\_\_\_  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing Undergraduate Studies  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
(one you will check!)

Name \_\_\_\_\_ U \_\_\_\_\_  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing Undergraduate Studies  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
(one you will check!)

Name \_\_\_\_\_ U \_\_\_\_\_  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
(one you will check!)

University of South Florida, Sarasota-Manatee Campus

CAMPUS ORGANIZATION REGISTRATION FORM – ACTIVE MEMBER LIST  
(required of new and current organizations)

PLEASE TYPE OR PRINT

Name \_\_\_\_\_ U \_\_\_\_\_  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing Undergraduate Studies  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
(one you will check!)

Name \_\_\_\_\_ U \_\_\_\_\_  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing Undergraduate Studies  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
(one you will check!)

Name \_\_\_\_\_ U \_\_\_\_\_  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
(one you will check!)

University of South Florida, Sarasota-Manatee Campus

CAMPUS ORGANIZATION REGISTRATION FORM – ACTIVE MEMBER LIST  
(required of new and current organizations)

PLEASE TYPE OR PRINT

Name \_\_\_\_\_ U \_\_\_\_\_  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing Undergraduate Studies  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
(one you will check!)

Name \_\_\_\_\_ U \_\_\_\_\_  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing Undergraduate Studies  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
(one you will check!)

Name \_\_\_\_\_ U \_\_\_\_\_  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
(one you will check!)

University of South Florida, Sarasota-Manatee Campus

CAMPUS ORGANIZATION REGISTRATION FORM – ACTIVE MEMBER LIST  
(required of new and current organizations)

PLEASE TYPE OR PRINT

Name \_\_\_\_\_ U \_\_\_\_\_  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing Undergraduate Studies  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
(one you will check!)

Name \_\_\_\_\_ U \_\_\_\_\_  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing Undergraduate Studies  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
(one you will check!)

Name \_\_\_\_\_ U \_\_\_\_\_  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
(one you will check!)

University of South Florida, Sarasota-Manatee Campus

CAMPUS ORGANIZATION REGISTRATION FORM – ACTIVE MEMBER LIST  
(required of new and current organizations)

PLEASE TYPE OR PRINT

Name \_\_\_\_\_ U \_\_\_\_\_  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing Undergraduate Studies  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
(one you will check!)

Name \_\_\_\_\_ U \_\_\_\_\_  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing Undergraduate Studies  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
(one you will check!)

Name \_\_\_\_\_ U \_\_\_\_\_  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
(one you will check!)

University of South Florida, Sarasota-Manatee Campus

CAMPUS ORGANIZATION REGISTRATION FORM – ACTIVE MEMBER LIST  
(required of new and current organizations)

PLEASE TYPE OR PRINT

Name \_\_\_\_\_ U \_\_\_\_\_  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing Undergraduate Studies  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
(one you will check!)

Name \_\_\_\_\_ U \_\_\_\_\_  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing Undergraduate Studies  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
(one you will check!)

Name \_\_\_\_\_ U \_\_\_\_\_  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
(one you will check!)

University of South Florida, Sarasota-Manatee Campus

CAMPUS ORGANIZATION REGISTRATION FORM – ACTIVE MEMBER LIST  
(required of new and current organizations)

PLEASE TYPE OR PRINT

Name \_\_\_\_\_ U \_\_\_\_\_  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing Undergraduate Studies  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
(one you will check!)

Name \_\_\_\_\_ U \_\_\_\_\_  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing Undergraduate Studies  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
(one you will check!)

Name \_\_\_\_\_ U \_\_\_\_\_  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
(one you will check!)

University of South Florida, Sarasota-Manatee Campus

CAMPUS ORGANIZATION REGISTRATION FORM – ACTIVE MEMBER LIST  
(required of new and current organizations)

PLEASE TYPE OR PRINT

Name \_\_\_\_\_ U \_\_\_\_\_  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing Undergraduate Studies  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
(one you will check!)

Name \_\_\_\_\_ U \_\_\_\_\_  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing Undergraduate Studies  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
(one you will check!)

Name \_\_\_\_\_ U \_\_\_\_\_  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
(one you will check!)

University of South Florida, Sarasota-Manatee Campus

CAMPUS ORGANIZATION REGISTRATION FORM – ACTIVE MEMBER LIST  
(required of new and current organizations)

PLEASE TYPE OR PRINT

Name \_\_\_\_\_ U \_\_\_\_\_  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing Undergraduate Studies  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
(one you will check!)

Name \_\_\_\_\_ U \_\_\_\_\_  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing Undergraduate Studies  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
(one you will check!)

Name \_\_\_\_\_ U \_\_\_\_\_  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
(one you will check!)

University of South Florida, Sarasota-Manatee Campus

**CAMPUS ORGANIZATION REGISTRATION FORM – ACTIVE MEMBER LIST**  
**(required of new and current organizations)**

PLEASE TYPE OR PRINT

Name \_\_\_\_\_ U \_\_\_\_\_  
USF ID Number  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing Undergraduate Studies  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
*(one you will check!)*

---

Name \_\_\_\_\_ U \_\_\_\_\_  
USF ID Number  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing Undergraduate Studies  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
*(one you will check!)*

---

Name \_\_\_\_\_ U \_\_\_\_\_  
USF ID Number  
If an Officer in the Organization (circle) President Vice President Secretary Treasurer  
Other \_\_\_\_\_  
College of (circle) Arts and Sciences Business Education Nursing  
Major \_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street City State Zip  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
*(one you will check!)*

---