Angelo State University
Student Organization Registration/Renewal Form

For Office Use Only:
Date Received: ___/____/____ Verified by: _____
___Constitution & By-laws ___Member Registration
___Good judicial standing ___Academic good standing

Organization Information:
Name: _____ Web site: _____
Address: _____ City: _____ State/Zip: _____

Type of Registration: ☐ New Organization ☐ Renewal 2014 – 2015 ☐ Contact Update - Only Officer & Advisor Information Needed
(Generally used for mid-semester changes or Fall to Spring Officer Elections)

Classification:
☐ Academic/Professional ☐ Boards and Councils ☐ Club Sports ☐ Greek Life (IFC, NPC, NPHC, NALFO) ☐ Honor Societies
☐ Multicultural/International ☐ Service ☐ Special Interest ☐ Spiritual Life

I, _____, affirm that the Constitution on file is the most recent and has been ratified by the organization. I also affirm that all members are currently enrolled students at Angelo State University.

Please list contact information for the chief officer (President), an additional executive officer (Secretary/Vice President), and eight general members of your organization (include other officers if known at this time). Please note that y**our signature authorizes the Center for Student Involvement and/or designee to verify academic and disciplinary standing with Angelo State University. By completing and signing this form, you agree that you have read, understand, and shall abide by the policies set forth in the Student Handbook**. Also note that University offices and officials have the right to access any information listed on this form.

CHIEF EXECUTIVE OFFICER (President)
Name: _____ CID #_____ Phone: _____
Local Address: _____ City: _____ State/Zip: _____
E-mail: _____ **Signature:** _____
☐ Please list only e-mail address

EXECUTIVE OFFICER #2 – Vice-President / Secretary / Treasurer / Other *(Please circle)*
Name: _____ CID #_____ Phone: _____
Local Address: _____ City: _____ State/Zip: _____
E-mail: _____ **Signature:** _____
☐ Please list only e-mail address

EXECUTIVE OFFICER #3 or GENERAL MEMBER – Vice-President / Secretary / Treasurer / General Member / Other *(Please circle)*
Name: _____ CID #_____ Phone: _____
Local Address: _____ City: _____ State/Zip: _____
E-mail: _____ **Signature:** _____
☐ Please **do not** list my contact information

EXECUTIVE OFFICER #4 or GENERAL MEMBER – Vice-President / Secretary / Treasurer / General Member / Other *(Please circle)*
Name: _____ CID #_____ Phone: _____
Local Address: _____ City: _____ State/Zip: _____
E-mail: _____ **Signature:** _____
☐ Please **do not** list my contact information

EXECUTIVE OFFICER #5 or GENERAL MEMBER – Vice-President / Secretary / Treasurer / General Member / Other *(Please circle)*
Name: _____ CID #_____ Phone: _____
Local Address: _____ City: _____ State/Zip: _____
E-mail: _____ **Signature:** _____
☐ Please **do not** list my contact information

EXECUTIVE OFFICER #6 or GENERAL MEMBER – Vice-President / Secretary / Treasurer / General Member / Other *(Please circle)*
Name: _____ CID #_____ Phone: _____
Local Address: _____ City: _____ State/Zip: _____
E-mail: _____ **Signature:** _____
☐ Please **do not** list my contact information

EXECUTIVE OFFICER #7 or GENERAL MEMBER – Vice-President / Secretary / Treasurer / General Member / Other *(Please circle)*
Name: _____ CID #_____ Phone: _____
Local Address: _____ City: _____ State/Zip: _____
E-mail: _____ **Signature:** _____
☐ Please do not list my contact information

EXECUTIVE OFFICER #8 or GENERAL MEMBER – Vice-President / Secretary / Treasurer / General Member / Other *(Please circle)*

Name: _____ CID #_____ Phone: _____

Local Address: _____ City: _____ State/Zip: _____

E-mail: _____ **Signature:** _____

☐ Please **do not** list my contact information

EXECUTIVE OFFICER #9 or GENERAL MEMBER – Vice-President / Secretary / Treasurer / General Member / Other *(Please circle)*

Name: _____ CID #_____ Phone: _____

Local Address: _____ City: _____ State/Zip: _____

E-mail: _____ **Signature:** _____

☐ Please **do not** list my contact information

EXECUTIVE OFFICER #10 or GENERAL MEMBER – Vice-President / Secretary / Treasurer / General Member / Other *(Please circle)*

Name: _____ CID #_____ Phone: _____

Local Address: _____ City: _____ State/Zip: _____

E-mail: _____ **Signature:** _____

☐ Please **do not** list my contact information

ADVISOR CONTACT INFORMATION (must be an Angelo State University full-time faculty or unclassified staff member)

Name: _____ E-mail: _____

Department: _____ **Signature:** _____

☐ Please **do not** list my contact information

➢ *If you have any questions please contact the Center for Student Involvement (UC 001) at 942-2062.*