Angelo State University Student Organization Registration/Renewal Form

For Office Use Only: Date Received:/ Received by:				
For registering student organizations Verified by:				
Constitution	Member Registration			
Disciplinary Good Standing	Academic Good Standing			

		
proprietion Information.		
rganization Information:		
udent Organization Name (please use full name):ailing Address:	City:	State/Zin:
eb site:	City	State/Zip
	_	
pe of Registration: New Organization Renew	val 2017 – 2018 Conf	tact Update (Only officer & advisor information needed)
	(Genera	ally used for mid-semester changes or fall to spring officer elections
assification:		
Academic/Professional Boards and Councils		fe (IFC, NPC, NPHC, NALFO)Honor Societies
Multicultural/InternationalServiceSpecial Inte	erestSpiritual Life	
(president's signature), o	affirm that the constitution	on on file is the most recent and has been ratified by
anization. I also affirm that all members are currently		
ase list contact information for the chief officer (President), the	e Treasurer, and eight genera	d members of your organization (include other officers if
own at this time). Please note that your signature authorizes t	he Multicultural Student A	activities Program office and/or designee to verify
demic and disciplinary good standing with Angelo State Un	niversity. By completing an	id signing this form, you agree that you have read,
derstand, and shall abide by the policies set forth in the Stu	dent Handbook Part II Co	mmunity Policies, Section M. Student Organizations.
so note that University offices and officials have the right to acc		
, c		
<u>ESIDENT</u>		
me:		Phone:
cal Address:	City:	
nail:	_ Signature:	
EASURER		
ne:	CID #	Phone:
al Address:	City:	State/Zip:
nail:		State/ZIP.
	Signature	
ECUTIVE OFFICER #3 or GENERAL MEMBER -	- Vice-President / Secreta	ry / General Member / Other (<i>Please circle</i>)
me:	CID #	Phone:
cal Address:		State/Zip:
nail:		•
ECUTIVE OFFICER #4 or GENERAL MEMBER -		
me:	CID #	
cal Address:		State/Zip:
nail:	Signature:	
ECUTIVE OFFICER #5 or GENERAL MEMBER -	Vice President / Secreta	ry / Ganaral Mambar / Other (Plaasa circle)
me:		
al Address:	City:	State/Zip:
nail:	_ City	State/Zip.
	_ bignature	
ECUTIVE OFFICER #6 or GENERAL MEMBER -	- Vice-President / Secreta	ry / General Member / Other (<i>Please circle</i>)
me:		Phone:
cal Address:	City:	State/Zip:
nail:	Signature:	
ECUTIVE OFFICER #7 or GENERAL MEMBER -		ry / General Member / Other (Please circle)
me:		Phone:
cal Address:	City:	State/Zip:
nail:		
ECUTIVE OFFICER #8 or GENERAL MEMBER -		
me:	CID #	
cal Address:	City:	
.mail·	Signature	

	EXECUTIVE OFFICER #9 or GENERAL N	MEMBER – Vice-President / Secretary / G	eneral Member / Other (Please circle)		
Local Address: City: State/Zip:	Name:	CID #	Phone:		
E-mail:			State/Zip:		
Name:					
Local Address:	EXECUTIVE OFFICER #10 or GENERAL	MEMBER – Vice-President / Secretary /	General Member / Other (Please circle)		
Local Address:	Name:	CID #	Phone:		
E-mail: Signature: ASU ADVISOR CONTACT INFORMATION (must be an Angelo State University full-time faculty or unclassified staff member) Name: E-mail: Department: Signature: Department: Department: Signature: Name: E-mail: Department: Signature: ALUMNI ADVISOR/COACH NOT AFFILIATED WITH ANGELO STATE (Please include any and all advisors/coaches outside of your ASU Faculty/Staff Advisor.) Name: E-mail: Address: Signature: Name: E-mail: Address: Signature: Name: E-mail: Address: Signature: Name: E-mail: Address: Signature: E-mail: Address: Signature: E-mail: Address: Signature: Address: Signature: Address: Signature: Address: Address: Signature: Address: Address: Address: Signature: Address: Address: Signature: Address: Address: Signature: Address: Signature: Address: Signature: Address: Address: Signature: Address: Address: Signature: Address: Address: Signature: Address: Ad	Local Address:	City:			
Name: É-mail: Phone: Department: Signature: E-mail: Phone: Department: Signature: Department: ALUMNI ADVISOR/COACH NOT AFFILIATED WITH ANGELO STATE (Please include any and all advisors/coaches outside of your ASU Faculty/Staff Advisor.) Name: E-mail: Phone: Address: Signature: Signature: Name: E-mail: Phone: Address: Signature: Address: Signature: E-mail: Name: E-mail: Phone: Address: Signature: Address: Signature: Address:	E-mail:	Signature:	<u>.</u>		
Name: É-mail: Phone: Department: Signature: E-mail: Phone: Department: Signature: Department: ALUMNI ADVISOR/COACH NOT AFFILIATED WITH ANGELO STATE (Please include any and all advisors/coaches outside of your ASU Faculty/Staff Advisor.) Name: E-mail: Phone: Address: Signature: Signature: Name: E-mail: Phone: Address: Signature: Address: Signature: E-mail: Name: E-mail: Phone: Address: Signature: Address: Signature: Address:	ASU ADVISOR CONTACT INFORMATIO	N (must be an Angelo State University ful	l-time faculty or unclassified staff member)		
Department:	Name:	E-mail:			
Signature: E-mail: Phone: Department: Signature: Department: ALUMNI ADVISOR/COACH NOT AFFILIATED WITH ANGELO STATE (Please include any and all advisors/coaches outside of your ASU Faculty/Staff Advisor.) Name: E-mail: Phone: Address: Signature: E-mail: Name: E-mail: Phone: Address: Signature: Signature: Name: E-mail: Phone: Address: Signature: E-mail: Address: Signature:	Phone:	Department:	Department:		
Department:					
Department:	Name:	E-mail:			
Signature: ALUMNI ADVISOR/COACH NOT AFFILIATED WITH ANGELO STATE (Please include any and all advisors/coaches outside of your ASU Faculty/Staff Advisor.) Name: E-mail: Phone: Address: Signature: E-mail: Phone: Address: Signature: Signature: Name: E-mail: Phone: Address: Signature: E-mail: Name: E-mail: Address: Address:					
ALUMNI ADVISOR/COACH NOT AFFILIATED WITH ANGELO STATE (Please include any and all advisors/coaches outside of your ASU Faculty/Staff Advisor.) Name:					
Name: E-mail: Phone: Address: Signature: E-mail: Name: E-mail: Phone: Address: Name: E-mail: Phone: Address:	(Please include any and all advisors/coaches ou Name: Phone:	tside of your ASU Faculty/Staff Advisor.) E-mail: Address:			
Phone: Address: Signature: E-mail: Name: Address: Signature: E-mail: Name: E-mail: Phone: Address:					
Signature: E-mail: Name: Address: Signature: E-mail: Name: E-mail: Phone: Address:					
Phone: Address: Signature: E-mail: Name: Address:					
Phone: Address: Signature: E-mail: Name: Address:	Name:	E-mail:			
Signature:	Phone:	Address:			
Phone: Address:	Signature:				
Phone: Address:	Name:	E-mail:			
Signature:	Phone:	Address:			
	Signature:				

➤ If you have any questions please contact the Multicultural Student Activities Program at 325.942.2729 or email organizations@angelo.edu.