

# 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

**Organization Information:**

Student Organization Name (please use full name): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Web site: \_\_\_\_\_

**Type of Registration:** \_\_\_ New Organization \_\_\_ Renewal 2016 – 2017 \_\_\_ 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, \_\_\_\_\_ (president's signature), 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), the Treasurer, and eight general members of your organization (include other officers if known at this time). Please note that **your signature authorizes the Multicultural Student Activities Program office and/or designee to verify academic and disciplinary good 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 Part II Community Policies, Section M. Student Organizations.** Also note that University offices and officials have the right to access any information listed on this form.

**PRESIDENT**

Name: \_\_\_\_\_ CID # \_\_\_\_\_ Phone: \_\_\_\_\_  
Local Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ **Signature:** \_\_\_\_\_

**TREASURER**

Name: \_\_\_\_\_ CID # \_\_\_\_\_ Phone: \_\_\_\_\_  
Local Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ **Signature:** \_\_\_\_\_

**EXECUTIVE OFFICER #3 or GENERAL MEMBER** – Vice-President / Secretary / General Member / Other *(Please circle)*

Name: \_\_\_\_\_ CID # \_\_\_\_\_ Phone: \_\_\_\_\_  
Local Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ **Signature:** \_\_\_\_\_

**EXECUTIVE OFFICER #4 or GENERAL MEMBER** – Vice-President / Secretary / General Member / Other *(Please circle)*

Name: \_\_\_\_\_ CID # \_\_\_\_\_ Phone: \_\_\_\_\_  
Local Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ **Signature:** \_\_\_\_\_

**EXECUTIVE OFFICER #5 or GENERAL MEMBER** – Vice-President / Secretary / General Member / Other *(Please circle)*

Name: \_\_\_\_\_ CID # \_\_\_\_\_ Phone: \_\_\_\_\_  
Local Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ **Signature:** \_\_\_\_\_

**EXECUTIVE OFFICER #6 or GENERAL MEMBER** – Vice-President / Secretary / General Member / Other *(Please circle)*

Name: \_\_\_\_\_ CID # \_\_\_\_\_ Phone: \_\_\_\_\_  
Local Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ **Signature:** \_\_\_\_\_

**EXECUTIVE OFFICER #7 or GENERAL MEMBER** – Vice-President / Secretary / General Member / Other *(Please circle)*

Name: \_\_\_\_\_ CID # \_\_\_\_\_ Phone: \_\_\_\_\_  
Local Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ **Signature:** \_\_\_\_\_

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

Name: \_\_\_\_\_ CID # \_\_\_\_\_ Phone: \_\_\_\_\_  
Local Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ **Signature:** \_\_\_\_\_

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

Name: \_\_\_\_\_ CID # \_\_\_\_\_ Phone: \_\_\_\_\_  
Local Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ **Signature:** \_\_\_\_\_

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

Name: \_\_\_\_\_ CID # \_\_\_\_\_ Phone: \_\_\_\_\_  
Local Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ **Signature:** \_\_\_\_\_

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

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_ Department: \_\_\_\_\_  
**Signature:** \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_ 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: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
**Signature:** \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
**Signature:** \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
**Signature:** \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
**Signature:** \_\_\_\_\_

➤ *If you have any questions please contact the Multicultural Student Activities Program at 325.942.2729 or email [organizations@angelo.edu](mailto:organizations@angelo.edu).*