

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 2018– 2019 ___ 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.

PRESIDENTName: _____ 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.*