In order for your organization to maintain official college recognition, an “organization registration form” must be filed with the Office of Student Activities. Please complete the form below and return to the Student Government Office. Upon return of this form, your organization will be eligible to request funding from the Student Government, reserve facilities within the Campus Center, establish a Student Activities Organizational Charge Account, keep the mailroom up-to-date, and supply information to the Alumni Office for social affairs.

In addition, each organization must select a Faculty/Administrator to serve as an advisor. The Advisor selected will serve until the next election. At that time, the organization may retain the same advisor or ask a new Faculty or Administrator to serve as their advisor.

**PRESIDENT**
Name: ____________________________________________
Box #: __________ Email: _____________________________
Cell Phone #: ______________________

**VICE PRESIDENT**
Name: ____________________________________________
Box #: __________ Email: _____________________________
Cell Phone #: ______________________

**TREASURER**
Name: ____________________________________________
Box #: __________ Email: _____________________________
Cell Phone #: ______________________

**SECRETARY**
Name: ____________________________________________
Box #: __________ Email: _____________________________
Cell Phone #: ______________________

**S.G.A. REPRESENTATIVE**
Name: ____________________________________________
Box #: __________ Email: _____________________________
Cell Phone #: ______________________

**ADVISOR AGREEMENT**
Meeting Time: ____________
Meeting Location: ______________________

ADVISOR NAME: ___________________________ PHONE #: ______________________, agrees to serve, in an active role as advisor for (Organization Name) ____________________________, for the year _____ to ______. By signing this form, I have read the roles and responsibilities of an advisor and understand what is expected of me in the advisor capacity.

____________________________________         ________________________
(Signature of Advisor)                     (Date)

____________________________________             ________________________
(Signature of Organization’s President)          (Date)