

STUDENT ORGANIZATION REGISTRATION FORM

Organization Name: _____

Organization's Mission: _____

Meeting Day(s): _____ Times: _____ Location: _____

Organization Email: _____

President's Name: _____

Phone: _____ E-mail: _____

Vice President's Name: _____

Phone: _____ E-mail: _____

Treasurer's Name: _____

Phone: _____ E-mail: _____

Secretary's Name: _____

Phone: _____ E-mail: _____

Advisor's Name: _____

Phone: _____ E-mail: _____