

Student Organization Registration Form

Organization Name and Email

Address: _____

Each student organization at Belmont University must reapply for recognition each fall with the Office of Campus Life. All officer and advisor information must be kept current. ***Please complete this form and submit it, along with a copy of your current constitution and roster to the Office of Campus Life by September 16th. Failure to comply with the renewal may result in the organization losing recognition.***

	Name	Email Address	Phone Number
President	_____	_____	_____
Vice Pres.	_____	_____	_____
Officer	_____	_____	_____
Officer	_____	_____	_____

	Name	Email Address	Phone Number
Advisor	_____	_____	_____
Advisor	_____	_____	_____

Meetings

Number Held per month _____ Time of meetings _____ Day _____

Location _____

Does your organization charge dues? Yes _____ No _____ If yes, how much? _____

When was your constitution last reviewed? _____ Approximate membership _____

Please provide a brief organization statement of purpose:

President's Signature _____ Date Signed _____

Advisor's Signature _____ Date Signed _____

Advisor's Signature _____ Date Signed _____

<u>Office Use Only</u>	
Date Received: _____	Attended Training? Yes No
Approved _____	Not Approved _____