



2009-2010

Student Organization Application

**Along with this form, please submit a current list of members and their student numbers, a current copy of your organization's constitution/by-laws, and a completed and signed Advisor Agreement.*

Name of Organization: _____ Date: _____

Organization Type: Social Professional Honor Religious Special Interest

Advisor Information

Name: _____ Department: _____

Campus Phone: _____ Email: _____

Campus Address: _____

Officer Information

President Name: _____ Student Number: _____

Phone: _____ Email: _____

Address: _____

Vice President Name: _____ Student Number: _____

Phone: _____ Email: _____

Address: _____

Secretary Name: _____ Student Number: _____

Phone: _____ Email: _____

Address: _____

Treasurer Name: _____ Student Number: _____

Phone: _____ Email: _____

Address: _____

USA Office of Campus Involvement— Student Center Room 129

Mobile, Alabama 36608

(251) 460-7003

Fax: (251) 414-8256

Activities@usouthal.edu

Please complete this form briefly and accurately. This information will be printed in the student handbook, The Lowdown. New organizations, please refer to the Organization Check List and provide the additional information.

Organization Name: _____

Does your organization have a website? If so, what is the URL? _____

May we post a link from the Campus Involvement website to your website? Yes No

Purpose of Organization: _____

Membership Requirements: _____

Activities Planned: _____

Responsibilities of the Advisor:

- Attend regular meetings as often as possible
- Meet with officers to discuss goals, programs, and financial status
- Be knowledgeable of University of South Alabama policies
- Be familiar with group's history, with constitution and bylaws and be prepared to assist
- Recognize the general financial condition of organization
- Ensure that the group files the registration paperwork annually with Campus Involvement
- Advise group to file change of officers paperwork with Campus Involvement
- Sign all documents that require an advisor's signature

I agree to perform the role of advisor to the above-listed organization to the best of my ability.

Advisor Signature

Date

USA Office of Campus Involvement— Student Center Room 129
Mobile, Alabama 36608
(251) 460-7003
Fax: (251) 414-8256
Activities@usouthal.edu

For Previously Registered Organizations

**If your organization has been previously registered with Office of Campus Involvement, please simply verify that we have the following items on file for your student group:*

- Constitution and by-laws
- Updated membership list
- Signed advisor’s agreement

For Office Use Only:
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

For Newly-Created Organizations

- Written Request to form the Organization
- Statement justifying the need for the organization at the University of South Alabama
- Constitution and by-laws that include the following:
 - Name
 - Purpose
 - Rules of Membership
 - Selection of Members
 - Officers
 - Meetings
 - Financial Plans (dues, etc)
- Membership list with a minimum of 10 members, their names and student numbers
- Name of faculty advisor and signed advisor’s agreement
- Statement of Intention to comply with all university rules and regulations
- Affiliation plans with any off-campus regional or national organizations

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

<p>For Office Use Only:</p> <p>Date Received: _____</p> <p>Date Approved: _____</p> <p>Staff Signature: _____</p>
--