

# Student Organization Registration Form

LaGrange College

**Organization Name** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Circle the appropriate response:**    New Organization Registration        Re-Registration

**When are meetings held?** \_\_\_\_\_        **Anticipated date of new officer elections?** \_\_\_\_\_

## Mailing Address

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Organization E-mail** \_\_\_\_\_ @ \_\_\_\_\_

## Faculty/Staff Advisor

**Name** \_\_\_\_\_

**Department** \_\_\_\_\_

**E-mail** \_\_\_\_\_ @ \_\_\_\_\_

**Phone** \_\_\_\_\_

## Organization Officers

**Name** \_\_\_\_\_        **Position** \_\_\_\_\_

**Email** \_\_\_\_\_        **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_        **Position** \_\_\_\_\_

**Email** \_\_\_\_\_        **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_        **Position** \_\_\_\_\_

**Email** \_\_\_\_\_        **Phone** \_\_\_\_\_

To the best of my knowledge and my fellow officer's knowledge, all of the following statements are correct: Our most current constitution, by-laws, and those of any regional or national organization(s) are on file in the Student Involvement Office. Our members are part-time or full-time LaGrange College Students. To the best of my knowledge, the organization's purposes and its activities are not in conflict with LaGrange College purposes, regulations and policies, or with State and/or Federal laws and regulations. With this signature, I hereby give permission for the above information to be made public upon request, and give permission for Student Involvement to verify my enrollment.

\_\_\_\_\_  
Signature (Organization President)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

L# \_\_\_\_\_

\_\_\_\_\_  
Signature (Faculty/Staff Advisor)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_