UWSP at Wausau Student Organization Registration Form

# In order to successfully register:

* **All organizations must have one representative at one of the scheduled Clubs and Organization Meetings or schedule a meeting with the Student Activities Coordinator.**
* Fill out and return this form to the Student Activities Coordinator in the Solution Center.
* Four members must be current UW-Stevens Point at Wausau students and sign this form.
* Each organization needs to have a faculty or staff advisor that is employed at UWSP at Wausau.
* A current copy (no more than two years old) of the club’s constitution must be attached.

# All parts of this form and signatures that are requested are needed in order for the form to be complete.

**GENERAL INFORMATION**

*Name of Student Organization (No Abbreviations):* *Abbreviation used by Student Organization: Name used last semester if different: Contact Email Address:*

*Registration Status (check one):* \_\_\_ Re-Registration \_\_\_ New Organization

# CATEGORY

*Please choose ONE category, by placing an X to the left of the category that best describes the organization*

\_\_\_ Academic \_\_\_ Recreational / Club Sport \_\_\_ Special Interest / Miscellaneous

\_\_\_ Community Service \_\_\_ Religious (Please Specify)

\_\_\_ Cultural Heritage / Ethnic Identity

**Constitution** This club and organization will be using the same constitution with no revisions.

\_\_\_ Yes \_\_\_ No *If no, please attach the newest constitution to this form.*

# ORGANIZATION DESCRIPTION & ACTIVITIES

How often does your organization meet?

What is your organization’s approximate membership?

Please give a brief description (50 words or less) of the organization. This information will be available for review by prospective members.

# DON’T FORGET TO COMPLETE THE BACK OF THIS FORM.

**ALL SIGNATURES NEED TO BE OBTAINED BEFORE THIS FORM CAN BE SUBMITTED. SUBMIT COMPLETED FORM TO:**

Student Activities Coordinator  Solution Center

# REQUIRED SIGNATURES

*Please sign below in order to affirm the following statements.*

*(Requests for exceptions must be submitted in writing and attached to this form.)*

* We will abide by University of Wisconsin policies and procedures, including the Student Organization Handbook.
* We have read and understood the UWSP at Wausau Student Organization handbook.
* We authorize the Student Government Association/Advisor to provide our names and e-mail addresses as official contacts for the organization listed above.

Primary Student Contact / President / Chairperson (Will receive correspondence from the MSA):

*Name: Signature: Phone #: ( )*

*Title: Date: Email Address:*

Officer/ Student Contact: (In case primary student contact cannot be reached)

*Name:*  *Signature:*  *Phone #: ( )*

Faculty / Staff Advisor:

*Name: Signature:*  *Email Address:*

*Title: Date: Email Address:*

*Dept: Date: Campus Phone #:*

# ORGANIZATION OFFICERS & STUDENT MEMBERS

*Please list a minimum of four currently enrolled UWSP at Wausau students who will be members of the organization. Include all members that will serve as officers throughout the semester of registration.*

**By signing below, we agree to authorize the Student Activities Coordinator to access our academic records in order to verify enrollment status.** *(Please note: This information will be kept confidential.)*

Members or Officers: (Not Primary or Secondary Student Contacts)

*Name Signature:*

*Name Signature:*

*Name Signature:*

*Name Signature:*

*Name Signature:*

*Title: Title: Title: Title: Title:*

Signature of the Student Activities Coordinator: Date: