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:  □ Re-Registration    □ New Organization

CATEGORY

Please choose ONE category that best describes the organization.

□ Academic   □ Recreational / Club Sport   □ Special Interest / Miscellaneous
□ Community Service   □ Religious
□ 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__________________________________________ Title: _________________________________________________

Signature: ______________________________________ Date: ________________________________________________

Phone #: ( _____ ) _______________________________ Email Address: _______________________________________

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

Name__________________________________________ Title: _________________________________________________

Signature: ______________________________________ Date: ________________________________________________

Phone #: ( _____ ) _______________________________ Email Address: _______________________________________

Faculty / Staff Advisor:

Name: _________________________________________ Dept:_________________________________________________

Signature: ______________________________________ Date:_________________________________________________

Email Address: __________________________________ 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__________________________________________ Title: _________________________________________________

Signature: ______________________________________

Name__________________________________________ Title: _________________________________________________

Signature: ______________________________________

Name__________________________________________ Title: _________________________________________________

Signature: ______________________________________

Name__________________________________________ Title: _________________________________________________

Signature: ______________________________________

Signature of the Student Activities Coordinator: ______________________________________________

Date: ____________