Organization Information

Organizational registration is required for use of State College facilities and posting approval.

This Form Must Be Completed At The Beginning Of Each Semester And Returned To The Director Of Student Activities.

Name Of Organization: _____

Registration For: Fall 20_____ Or Spring 20_____

Type Of Organization: (check) ____Service; ____Social; ____Sports; ____Mutual Interest;

____Other (describe) _____

Description Of Purpose: _____

_____

Qualification For Membership: _____

_____

Usual Meeting Time And Place: _____

Fees Or Dues: _____

Leadership

Faculty/Staff Advisor: _____

Campus Extension: _____

President: _____

Address: _____ Phone#: _____

Vice President: _____

Address: _____ Phone#: _____

Secretary: _____

Address: _____ Phone#: _____

Treasurer: _____

Address: _____ Phone#: _____

Filing of this form acknowledges the right of the State College to release the above information to the organization unless otherwise arranged.