

Application for Recognition as a Student Organization
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 20Sprin	g 20
Type of Organization (check al	l that applies):		
□Professional/Departmental	□Religious	□Activity	□Honor
☐Mutual Interest	□Service	□Social	□Sports
□Other (describe):			
Description of Purpose: Qualification	n for Membership:		
Meeting Time:			
Meeting Place:			
Fees or Dues:			
Has the group previously applied for	or recognition as a student organization?		
If yes, when?			□No
Required Attachments:			
1. ☐ Signed Declaration of Non-Di	scriminatory Practic	es	
2. □ Charter or Constitution stating	ng the organization's p	urpose	
3. □ Bylaws			
Note: The filing of this form acknowledges	s the right of Lamar S	ate College Port Ar	thur to release the above
information to the organization unles	ss otherwise arranged.		

Organization Leadership (All listed above must sign):

1. President Email Address:		Phone#:	
Organization President (Full Name)	Signature		
2. Vice President Email Address:	Phone#:		
Organization Vice President (Full Name)	Signature	Date	
3. Secretary Email Address:	Phone#:		
Organization Secretary (Full Name)	Signature	Date	
4. Treasurer Email Address:	P	hone#:	
Organization Vice President (Full Name)	Signature	Date	
5. Advisor Email Address:	Pł	none#:	
Organization Advisor (Full Name)	Signature	Date	
6. Co-Advisor Email Address:	Pho	one#:	
Organization Co-Advisor (Full Name)	Signature	Date	