



## 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 20\_\_\_\_ Spring 20\_\_\_\_

**Type of Organization (check all that applies):**

- |  |                                    |                                   |                                 |
|--|------------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Professional/Departmental | <input type="checkbox"/> Religious | <input type="checkbox"/> Activity | <input type="checkbox"/> Honor  |
| <input type="checkbox"/> Mutual Interest           | <input type="checkbox"/> Service   | <input type="checkbox"/> Social   | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Other (describe):         |                                    |                                   |                                 |

Description of Purpose: Qualification for Membership:

Meeting Time

Meeting Place:

Fees or Dues:

Has the group previously applied for recognition as a student organization? ☐ Yes  
If yes, when? ☐ No

**Required Attachments:**

1. ☐ Signed **Declaration of Non-Discriminatory Practices**
2. ☐ **Charter or Constitution** stating the organization's purpose
3. ☐ **Bylaws**

**Note:**

The filing of this form acknowledges the right of Lamar State College Port Arthur to release the above information to the organization unless otherwise arranged.

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## Organization Leadership (All listed above must sign):

<b>1. President Email Address:</b>	<b>Phone#:</b>	
_____	_____	
Organization President ( <i>Full Name</i> )	Signature	Date

<b>2. Vice President Email Address:</b>	<b>Phone#:</b>	
_____	_____	
Organization Vice President ( <i>Full Name</i> )	Signature	Date

<b>3. Secretary Email Address:</b>	<b>Phone#:</b>	
_____	_____	
Organization Secretary ( <i>Full Name</i> )	Signature	Date

<b>4. Treasurer Email Address:</b>	<b>Phone#:</b>	
_____	_____	
Organization Vice President ( <i>Full Name</i> )	Signature	Date

<b>5. Advisor Email Address:</b>	<b>Phone#:</b>	
_____	_____	
Organization Advisor ( <i>Full Name</i> )	Signature	Date

<b>6. Co-Advisor Email Address:</b>	<b>Phone#:</b>	
_____	_____	
Organization Co-Advisor ( <i>Full Name</i> )	Signature	Date

<b>7. SGA Representative Email Address:</b>	<b>Phone#:</b>	
_____	_____	
Organization Co-Advisor ( <i>Full Name</i> )	Signature	Date