



Office of Student Life
Application for Organization Recognition or Renewal

Organization Name: _____

Purpose: _____

National Affiliation, if any: _____

Organization meeting dates/times: _____

<i>Check appropriate box:</i> Organization Status <input type="checkbox"/> New, first-time organization <input type="checkbox"/> Reregistering organization <input type="checkbox"/> Changing Officer and/or Advisor	<i>Check appropriate box:</i> Organization's Constitution is: <input type="checkbox"/> New and attached <input type="checkbox"/> Revised and attached <input type="checkbox"/> No changes made	Membership Information: Number of Members in Organization _____
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Officer and Member Information

We, the undersigned, hereby request application or renewal of official registration for this organization in order that we may continue to use the name and facilities of Stark State College of Technology. We agree to abide by the rules and regulations of the College, specifically those which regulate student organizations. Every voting member of this organization is a registered student or member of the faculty or staff of Stark State College.

Full Name: _____

Organization Position: _____

Address: _____

E-mail Address: _____

City, State, Zip: _____

Phone Number: _____

Signature: _____

Full Name: _____

Organization Position: _____

Address: _____

E-mail Address: _____

City, State, Zip: _____

Phone Number: _____

Signature: _____

Full Name: _____

Organization Position: _____

Address: _____

E-mail Address: _____

City, State, Zip: _____

Phone Number: _____

Signature: _____

Full Name: _____

Organization Position: _____

Address: _____

E-mail Address: _____

City, State, Zip: _____

Phone Number: _____

Signature: _____

InterClub Council Liaison

Please list the contact information for the individual who has agreed to serve as your InterClub Council Liaison between your student organization and the Office of Student Life. This individual does not necessarily need to be an officer and will represent your organization at the scheduled InterClub Council meetings (once or twice per Fall and Spring Semesters).

Full Name: _____

Organization Position: _____

Address: _____

E-mail Address: _____

City, State, Zip: _____

Phone Number: _____

Signature: _____

Organization Advisor Information

Full Name: _____

Official Title: _____

Room Number: _____

E-mail Address: _____

Extension Number: _____

Signature of Organization Officer

Print Name: _____

Position: _____

Signature: _____

Date: _____