

Student Club Registration Form for Fall and Winter Terms 20____
Burman University

Please place check mark beside one: ____ Initial Registration ____ Re-registration Date: _____

Name of club: _____ Number of meetings/semester _____

Purpose (mission statement & benefits of being a member):

Criteria for membership: Please conform to the Student Rights and Responsibilities of Burman University as presented on page 3 of the current *Student Handbook*.

Types of activities: Please reference the policies listed under #9 – Process to Re-Register a Club on the Clubs/Organizations web-page

Name of Advisor: _____

(Signature)

Phone: _____ E-mail: _____

List of Officers:

1. Please place a check mark in the box beside the position and name of the person to contact for club info on website.
2. Only fill the names and positions out once the nominees have been approved and the elections have occurred.

President: _____

Phone: _____ E-mail Address: _____

Financial VP: _____

Phone: _____ E-mail Address: _____

Other VP: _____

(Please state the name of position as well as the name of the officer.)

Phone: _____ E-mail Address: _____

Other VP: _____

(Please state the name of position as well as the name of the officer.)

Phone: _____ E-mail Address: _____

Other VP: _____

(Please state the name of position as well as the name of the officer.)

Phone: _____ E-mail Address: _____

(OVER Please)

