## Student Club Registration Form for Fall and Winter Terms 20\_\_\_\_\_

Burman University

Please place check mark beside one:	_ Initial Registration	Re-registratio	n Date:
Name of club:		1	Number of meetings/semester
Purpose (mission statement & benefits of be	eing a member ):		
Criteria for membership: Please conform to <i>Student Handbook</i> .	o the Student Rights and Re	esponsibilities of B	urman University as presented on page 3 of the current
Types of activities: Please reference the pol	licies listed under #9 – Proc	cess to Re-Register	a Club on the Clubs/Organizations web-page
Name of Advisor:			(Signature)
Phone:	E-n	nail:	
List of Officers: 1. Please place a check mark in the 2. Only fill the names and position	-	-	on to contact for club info on website. and the elections have occurred.
President:			
Financial VP:			
Phone:	E-n	nail Address:	
□ Other VP:			
(Please stat	e the name of position as well a	as the name of the of	ficer.)
Phone:	E-n	nail Address:	
Other VP:			
	e the name of position as well a	as the name of the of	ficer.)
Phone:	E-n	nail Address:	
Other VP:			
(Please stat	e the name of position as well a	as the name of the of	ficer.)
Phone:	E-n	nail Address:	

(OVER Please)

## \*Please attach a copy of the current constitution and bylaws.

Are there plans to make any amendments to the constitution and bylaws?

□ No □ Yes If yes, what is the projected date of completion?

## Questions for orientation meeting:

## (For office use only)

Registration Form Received SS:	Date:
Constitution/Bylaws Received SS:	Date:
Officers Approved VP:	Date:
Advisor Approved VP:	Date:
Organization approved CLC:	Date:
Notification Given from CLC:	Date:
Financial Records Form Complete:	Date:
\$200 Start-up Transferred:	Date:
Notification Given from SS:	Date:
Reps Attended Orientation Meeting:	Date:
Approval Signature:	Date:

(Admin Specialist for the Vice President of Student Services)

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