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 Student Handbook.	to the Student Rights and R	esponsibilities of Burmar	a University as presented on page 3 of the current
Types of activities: Please reference the p	policies listed under #9 – Pro	ocess to Re-Register a Clu	b on the Clubs/Organizations web-page
Name of Advisor:			
Phone:			(Signature)
2. Only fill the names and position	ons out once the nominees ha	ave been approved and the	contact for club info on website. e elections have occurred.
□ President:			
Phone:	E-	mail Address:	
□ Financial VP:			
Phone:	E-	mail Address:	
□ Other VP:(Please s	tate the name of position as well	as the name of the officer)	
Phone:	E-	maii Address:	
□ Other VP:(Please s	tate the name of position as well	as the name of the officer.)	
Phone:	E-	mail Address:	
□ Other VP:			
(Please s	tate the name of position as well	as the name of the officer.)	
Phone:	E-	mail Address:	

*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)