

**Re-Register your Student Organization  
2016-2017**

Name of your student organization:

\_\_\_\_\_

(1) Student Organization Officer: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

(2) Student Organization Member: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

(3) Student Organization Member: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

(4) Staff or Faculty Advisor: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Goals and purpose of this organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Please also submit a copy of your constitution)

Organization Officer: \_\_\_\_\_

Date: \_\_\_\_\_

Student Organization Advisor:

\_\_\_\_\_

Date: \_\_\_\_\_