



Annual Chartered Student Club/Organization Registration Form

Academic Year: _____

Contact Information

Organization: _____

Student submitting request: _____

Phone #: _____ E-mail: _____ Date: _____

Officer #1 Name: _____ Position: _____

Phone #: _____ E-mail: _____ Mail #: _____

Officer #2 Name: _____ Position: _____

Phone #: _____ E-mail: _____ Mail #: _____

Officer #3 Name: _____ Position: _____

Phone #: _____ E-mail: _____ Mail #: _____

Officer #4 Name: _____ Position: _____

Phone #: _____ E-mail: _____ Mail #: _____

Officer #5 Name: _____ Position: _____

Phone #: _____ E-mail: _____ Mail #: _____

Advisor Name: _____

Title/Department: _____

Phone #: _____ E-mail: _____ Mail #: _____

Please attach an additional sheet if needed.

Web page address (if applicable): _____

If updated, please submit a new constitution.

As president or primary representative of this organization, I assume full responsibility to see that all members are aware of and abide by regulations pertaining to chartered student organizations and to see that this organization functions according to its approved constitution. The Student Center and Activities office has my permission to publish the above information in its directory on its website. In addition, I recognize my obligation to be this organization's representative to the St. Catherine University community and to receive official communications and make the contents known to the entire organization.

I have read, understand, and agree to the above.

Signature of President: _____ Date: _____

OFFICE ONLY	Constitution: _____ Advisor Agreement: _____ Contract Agreement: _____
	Contract Addendum: _____ Granted Denied Initials _____ Date: _____
	Limited Charter Yes No Explanation: _____

Please return to the Student Center and Activities Office, Coeur de Catherine 270