

SAU Student Organization Registration/Renewal Form 2008-09

In order for your organization to be considered a registered, student organization; permitted to use university facilities; considered for awards and recognition at Leadership Recognition and Awards; and allowed to post information on campus, this form must be completed and returned to the Office of Student Activities, Donald W. Reynolds Campus and Community Center Room 201.

Name of Organization (no initials): _____

Officer or Representative Listing: Please print. Include your e-mail address to be included on e-mail list.

President/Representative

Full Name: _____

Address: _____ City, State, Zip: _____

Phone Number: _____

Initial here if your name is NOT for public release: _____ e-mail: _____

Vice-President/Representative

Full Name: _____

Address: _____ City, State, Zip: _____

Phone Number: _____

Initial here if your name is NOT for public release: _____ email: _____

Secretary/Representative

Full Name: _____

Address: _____ City, State, Zip: _____

Phone Number: _____

Initial here if your name is NOT for public release: _____ e-mail: _____

Treasurer/Representative

Full Name: _____

Address: _____ City, State, Zip: _____

Phone Number: _____

Initial here if your name is NOT for public release: _____ e-mail: _____

Type of organization (Check only one):

<input type="checkbox"/> Academic	<input type="checkbox"/> Graduate	<input type="checkbox"/> International	<input type="checkbox"/> Political	<input type="checkbox"/> Other
<input type="checkbox"/> Arts	<input type="checkbox"/> Honorary	<input type="checkbox"/> Media	<input type="checkbox"/> Religious	
<input type="checkbox"/> Service	<input type="checkbox"/> Res. Hall Council	<input type="checkbox"/> Sports/Recreation	<input type="checkbox"/> Greek	

Number of active members: _____ Day and time of regular meetings: _____

Name of national affiliate (if applicable): _____ Note: a copy of the current national bylaws must be attached if not previously provided to the Office of Student Activities.

Current constitution and bylaws (check one) On File in Student Activities Attached

Faculty/Staff Advisor:

Dr./Ms./Mr. _____ Dept. _____
(Please Print)

Y _____ N _____
Public Info? _____ Campus Mailing Address _____ Campus Phone _____

Advisor Signature: _____ Date: _____

HAZING POLICY

ALL SAU Organizations must also complete the following:

This is to certify that I have received and read the university Hazing Policy and that I will make the content of these statements known to current members or potential members of my organization.

Organization President: _____ Date: _____
Signature

Organization Advisor: _____ Date: _____
Signature

Member Intake Chair: _____ Date: _____
(Greek Only) Signature

Member Education Chair: _____ Date: _____
(Greek Only) Signature

STUDENT HANDBOOK

I have received the Student Handbook and will take full responsibility for ensuring that all members of my organization are fully aware of and understand the policies/procedures contained in this publication.

Organization President: _____ Date: _____
Signature

HOLD HARMLESS STATEMENT

The organization signified shall release, indemnify, and hold harmless Southern Arkansas University, its agents and employees, from and against any and all claims, lawsuits, damages, or liability of any kind which might arise from the acts of the organization or its agents arising out of the use of the premises and facilities of Southern Arkansas University and shall without delay notify the University (through the Office of Student Activities, 201 DWR) of any and all accidents, losses, damage, or claims which might arise in connect therewith.

Organization President: _____ Date: _____
Signature