

## Club & Organization Registration Form

*Student Activities Office \* Parsons Union Building\* Lock Haven University  
2019-2020*

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**Club/Organization Name:** \_\_\_\_\_

**Meeting Day:** \_\_\_\_\_ **Meeting Time:** \_\_\_\_\_

**Meeting Location:** \_\_\_\_\_ **Total Number of Club Members:** \_\_\_\_\_

**Does your club charge membership dues:**  Yes  No **If Yes, enter amount** \_\_\_\_\_

### **Release of Information & statement of non-discrimination:**

By signing this form, this organization, its subordinate bodies, officers, and advisors agree to abide by all applicable federal and state laws; University and University related rules, regulations, and policies; and all University policies. Furthermore, we shall not discriminate on the basis of race, color, age, religion, veteran's status, sex, national origin or disability in our educational programs or activities.

We also grant permission to the Student Activities Office to verify contact information, academic status, and disciplinary status as it pertains to this student organization. We further understand that contact information may be provided to other parties that have an interest in the development or, or can provide legitimate services for the organization.

### **Accounts:**

The Student Activities Office is authorized to recognize the signatures within this document for withdrawal of funds or for transactions of any other business of the student organization specified on this form. It should be understood that it is the treasurer's responsibility to record transactions and maintain the organization's registered accounts with the Student Activities Office. The advisor, President, and Treasurer of the organization are required to sign all vouchers. By signing this form, each officer and advisor affirms that he/she understands these responsibilities and agrees to carry out the responsibilities assigned. A new form must be submitted each time any information on this form changes.

### **Officers:**

The following students will be recognized as the primary contacts for the organization listed above and accorded responsibilities and privileges offered by the University. Student leaders must list their Lock Haven University email address. All officers must have at least a 2.0 cumulative grade point average, unless otherwise stated in club constitution to be eligible. By signing below, I certify that I have read the Universities policy on hazing in the student handbook and that I will make the content of the policy known to current and potential members of the organization.

**-over-**

**Officers:****President:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Signature: \_\_\_\_\_

**Vice President:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Signature: \_\_\_\_\_

**Secretary:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Signature: \_\_\_\_\_

**Treasurer:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Signature: \_\_\_\_\_

**Officer Terms:** Fall/Spring  Spring/Fall  Other:

Explain: \_\_\_\_\_

**Advisor(s):**

By signing below, I agree to assist this student organization with maintaining its active status over the course of the academic year. This includes, but is not limited to, signing Room Reservations, attending organization functions, meetings, and programs; ensuring compliances with University and University Related policies, as well as state and federal laws; educating members regarding ethical behavior; ensuring adherence to the organizational constitution; and monitoring grade point averages of members and the leadership team.

**Advisor(s):**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Department: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Department: \_\_\_\_\_ Phone #: \_\_\_\_\_

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