

**This form is due  
Thursday, September 24<sup>th</sup>**

# LAGRANGE COLLEGE

**Return to Tara Kermiet,  
Director of Student  
Activities & Service**

## Student Organization Recognition EXISTING ORGANIZATIONS 2009-2010

**\*\*Please attach the a roster of your organization, and an updated Constitution and Bylaws to this sheet\*\***

Organization's Full Name: \_\_\_\_\_

Type of Organization (circle only one): Athletic • Greek • Honorary • Interest/Independent • Religious Life • Service

What is the election month for new officers? \_\_\_\_\_ Approximate number of active members: \_\_\_\_\_

Local, state, national affiliations: \_\_\_\_\_

How often does the organization meet (monthly, weekly, etc.)? \_\_\_\_\_

Day \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

### Officer Information:

#### President

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Campus Box \_\_\_\_\_ Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

#### Vice President

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Campus Box \_\_\_\_\_ Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

#### Secretary

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Campus Box \_\_\_\_\_ Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

#### Treasurer

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Campus Box \_\_\_\_\_ Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

#### Advisor

Name & Title \_\_\_\_\_ College Department \_\_\_\_\_

Campus Box \_\_\_\_\_ Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

This form must be filled in completely and the organization president, faculty/staff advisor, and SGA President must sign before registration is valid. Registration will be valid for the 2009-2010 school year.

\_\_\_\_\_  
Signature of Organization President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Faculty/Staff Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of SGA President

\_\_\_\_\_  
Date

### Office Use Only

Registration Received: \_\_\_\_\_ SOV Received: \_\_\_\_\_ Constitution & Bylaws: \_\_\_\_\_ Member Roster: \_\_\_\_\_ Workshop: \_\_\_\_\_