Student Organization Recognition Application
NEW OR INACTIVE ORGANIZATIONS
2009-2010

**Please attach the Student Organization Petition Form, Statement of Validity, and a Constitution and Bylaws to this form**

Proposed Organization’s Full Name: ________________________________

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

Purpose of Organization (be specific): ________________________________

Advisor (must be full-time faculty or administrative staff):

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<th>Name &amp; Title</th>
<th>College Department</th>
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Campus Box    Phone Number    E-mail Address
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What is the election month for new officers? __________ Local, state, national affiliations: ______________

How will the group be financed? ______________

How often will the organization meet (monthly, weekly, etc.)? ______________

Day _______________ Time _______________ Location __________________

Application submitted by:

Name: ________________________________

Campus Box: _______________ Phone: _______________ E-mail: ________________________________

It is understood that by submitting this request for registration that the proposed organization agrees to abide by LaGrange College rules and regulations, as well as applicable State and Federal Laws.

Signature of Applicant ________________________________ Date ________________________________

Signature of Proposed Faculty/Staff Advisor ________________________________ Date ________________________________

Signature of SGA President ________________________________ Date ________________________________