

LAGRANGE

COLLEGE

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

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):

Name & Title

College Department

Campus Box

Phone Number

E-mail Address

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

Office Use Only

Registration Received: _____ Petition Received: _____ Constitution & Bylaws: _____ Workshop: _____