

Student Organization Recognition Application

2017-2018



This application will be kept on file in the Student Affairs Office to be used by Student Affairs, the Student Government Association and Friends University to help identify and locate the active organizations at Friends University.

Please Type or Print Clearly.

Name of Organization: _____

Organization Information:

New Organization: _____ Renewal: _____ Semester and Year of Origin: _____

Classification:

Departmental Sports Governing Body Service
 Honorary Fine Arts International/Cultural Spiritual
 Leadership Special Interest Political Professional

Advisor/Sponsor: Name & Department _____

Advisor Extension: _____ Office Location: _____

Number of Current/Active Membership: _____

Officers Information: *Each organization should have a minimum of 4 officer positions. (For example: President, Vice President, Secretary, and Treasurer)*

Name: _____ Position: _____

Email: _____ Phone Number: _____

Name: _____ Position: _____

Email: _____ Phone Number: _____

Name: _____ Position: _____

Email: _____ Phone Number: _____

Name: _____ Position: _____

Email: _____ Phone Number: _____

Name: _____ Position: _____

Email: _____ Phone Number: _____

Name: _____ Position: _____

Email: _____ Phone Number: _____

Please Read Carefully

FSO Representation

As outlined in the bylaws of SGA, each organization is asked to designate an FSO representative as well as an alternate representative. This policy is to ensure that each member organization of FSO has representation at all SGA meetings including FSO meetings, general assemblies, and leadership development days. The alternate representative will have the same voting rights as the main representative at all SGA meetings.

“As a member of this Friends University recognized organization, I commit to having a representative at all FSO meetings and special meetings as determined by the president of FSO. I agree to fulfill all duties required of an FSO representative to the best of my ability.”

FSO Representative: _____ **Date:** _____

Alternate Representative: _____ **Date:** _____

Organization Agreement

As a recognized organization of the Friends University Community we have read the Community Life Standards Policy and will apply it to all of our events and meetings. Furthermore we agree to uphold all of the terms, conditions, policies and procedures set forth by Friends University, the Student Government Association and Student Affairs. We will keep in contact with SGA and the Division of Student Affairs about our events and will do all that is possible to support and participate in their events. **We have enclosed the most recent copy of our organization’s constitution and a list of current members.**

Advisor/Sponsor: _____ **Date:** _____

Club President: _____ **Date:** _____

Student Organization Fact Sheet

2016-2017

Student Affairs uses this information to inform students who are interested in learning about available student organizations on campus. Please be as complete as possible.

Name of Student Organization: _____

1. What is the mission of your organization?

2. Please describe the projects and programs you have done in the past and plan to do next year.

3. Regular meeting Day/Time/Location:

4. What is your organization's social media names (Snapchat, Instagram, Facebook, etc.)

5. Who is targeted for membership?

6. List any dues or other financial obligations required of members:

7. Does your group require an application and/or interview for membership? If so, please check:

_____ Application (please attach a sample) _____ Interview

8. If your organization is affiliated with a national or regional association, please list the title or the association:

National/ Regional Contact Person: _____

Address: _____

Phone: _____ Email: _____

Please return this packet and the most recent copy of your constitution and a list of current members to Ashley Rivers in Casado 001.