

**Indiana University Kokomo
Office of Student Activities
Student Organization Registration Form**

Club/Organization: _____ **Year:** _____

Please submit this completed form as soon as possible. Failure to do so will classify your organization as "unregistered;" access to student activity funds will not be permitted until the form has been submitted. *If you do not yet know the organization's officers, information, etc., please submit the form with the information you currently have and update the form at a later date.*

Organization Purpose (Organization purpose will be used for campus/public information, therefore, please make it as specific as possible): _____

Please print or type the Officers information section below. Circle "y" or "n" to indicate if this information can be released to other student leaders, student government, etc. Your signature indicates that you are willing to accept the rights, responsibilities, and privileges associated with being a recognized student organization of IU Kokomo; that you are willing to be held responsible for all related policies, procedures, and activities; and *that you are a currently enrolled student at IU Kokomo.*

Officers

PRESIDENT Name _____

Phone (1) _____ **Y / N** **(2)** _____ **Y / N**

E Mail _____ **Y / N**

Address _____ **Y / N**

Signature _____

Officer 1 Name _____

Phone (1) _____ **Y / N** **(2)** _____ **Y / N**

E Mail _____ **Y / N**

Address _____ **Y / N**

Signature _____

Officer 2 Name _____

Phone (1) _____ **Y / N** **(2)** _____ **Y / N**

E Mail _____ **Y / N**

Address _____ **Y / N**

Signature _____

Officer 3 Name _____

Phone (1) _____ **Y / N** **(2)** _____ **Y / N**

E Mail _____ **Y / N**

Address _____ **Y / N**

Signature _____

Advisor 1 Name _____

Phone (1) _____ **Y / N** **(2)** _____ **Y / N**

E Mail _____ **Y / N**

Address _____ **Y / N**

Signature _____

Advisor 2 Name _____

Phone (1) _____ **Y / N** **(2)** _____ **Y / N**

E Mail _____ **Y / N**

Address _____ **Y / N**

Signature _____

Please use a separate sheet to list information of additional *officers*, if any.
Please return this form to the Office of Student Activities as soon as possible.

For office use only.

Date Submitted: _____ Received By: _____