

# Organization Information Form

**Organization Name:** \_\_\_\_\_

**Chapter Name (if applicable):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Purpose of Organization:** \_\_\_\_\_

<p style="text-align: center;"><b>President</b></p> <p>Name: _____</p> <p>Campus Address:* _____</p> <p>_____</p> <p>Phone: _____</p> <p>E-Mail: _____</p> <p>Class: FR   SO   JR   SR   Grad</p> <p>Signature: _____</p>	<p style="text-align: center;"><b>Vice-President</b></p> <p>Name: _____</p> <p>Campus Address:* _____</p> <p>_____</p> <p>Phone: _____</p> <p>E-Mail: _____</p> <p>Class: FR   SO   JR   SR   Grad</p> <p>Signature: _____</p>	<p style="text-align: center;"><b>Classification:</b></p> <p><input type="checkbox"/> Academic</p> <p><input type="checkbox"/> Greek Life</p> <p><input type="checkbox"/> Honor Society</p> <p><input type="checkbox"/> Publication</p> <p><input type="checkbox"/> Religious</p> <p><input type="checkbox"/> Service</p> <p><input type="checkbox"/> Social</p> <p><input type="checkbox"/> Special Interest</p> <p><input type="checkbox"/> Club Sport</p> <p><input type="checkbox"/> Other: _____</p>
<p style="text-align: center;"><b>Secretary</b></p> <p>Name: _____</p> <p>Campus Address:* _____</p> <p>_____</p> <p>Phone: _____</p> <p>E-Mail: _____</p> <p>Class: FR   SO   JR   SR   Grad</p> <p>Signature: _____</p>	<p style="text-align: center;"><b>Treasurer</b></p> <p>Name: _____</p> <p>Campus Address:* _____</p> <p>_____</p> <p>Phone: _____</p> <p>E-Mail: _____</p> <p>Class: FR   SO   JR   SR   Grad</p> <p>Signature: _____</p>	<p>Number of Members: _____</p> <p>Meeting Day: _____</p> <p>Meeting Time: _____</p> <p>Meeting Location: _____</p> <p>Are membership dues collected?</p> <p><input type="checkbox"/> Yes (\$_____ every _____) <input type="checkbox"/> No</p> <p>Is this organization open to all students?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">Why? _____</p> <p>_____</p>

**\*IF COMMUTER, PLEASE USE YOUR ADDRESS AND PHONE NUMBER WHERE WE CAN REACH YOU.**

Advisor: \_\_\_\_\_ Signature: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Office Location: \_\_\_\_\_