THIS FORM MUST BE COMPLETELY FILLED OUT FOR YOUR ORGANIZATION TO BE CONSIDERED AN ACTIVE REGISTERED ORGANIZATION! Organizations MUST BE activated every year to receive funding and benefits! Registration Deadline: FRIDAY, OCTOBER 5, 2012.

Every organization must also submit TWO copies of its Constitution: a hard copy to Student Activities in the University Center and an electronic copy to the Student Organization Council (SOC) advisor, Kimberly Thornton, at kimberly.thornton@lsus.edu.

All organizations have a mail box in the University Center Office. Pick up your mail frequently! Your organization mailing address is: (Organization Name) One University Place Shreveport, LA 71115.

ORGANIZATION NAME (as it appears on the official Constitution): ________________________________________________________________

Total number of members: ________ (See back of form)

Usual Meeting: Day: __________________________ Time: __________________________ Place: __________________________

Fees/Dues: Local: __________________________/year or semester National: __________________________/year or semester

Organization web address (if applicable): __________________________________________________________

Leadership: (Print complete local mailing information)

President: ______________________________________________________________________________________

Email __________________________ Phone: __________________________

Vice President: __________________________________________________________________________________

Email __________________________ Phone: __________________________

Secretary: ______________________________________________________________________________________

Email __________________________ Phone: __________________________

Treasurer: ______________________________________________________________________________________

Email __________________________ Phone: __________________________

Advisor/ Coach (if Sports Club): ______________________________________________________________________

Email __________________________ Phone: __________________________

Department ______________________________________________________________________________________

Student Organization Council Representative _______________________________________________________________________

Email __________________________ Phone: __________________________

Completing this form acknowledges understanding of and agreement to the Conditions of Recognition which you have received with your recognition packet. It is understood that violation of any University policy, including the Student Code of Conduct, may be cause for withdrawal of registration and recognition by LSUS. This also acknowledges that you have read and agree to follow the guidelines stated in the LSUS Student Handbook. It further acknowledges the right of the university to release the above information about your organization unless otherwise arranged.

ADVISOR’S SIGNATURE __________________________________________________________________________ DATE: __________

PRESIDENT’S SIGNATURE ______________________________________________________________________ DATE: __________