

# East Central University

## Organization Registration Application

Please type or print all information

Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Please list any names previously used: \_\_\_\_\_

Organization's mailing address: \_\_\_\_\_

President: \_\_\_\_\_ Email: \_\_\_\_\_

Faculty/Staff Advisor: \_\_\_\_\_ Ext: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Meetings: This information will be included on the web page.**

Location: \_\_\_\_\_ Time: \_\_\_\_\_ Day: M T W R F

Weekly: \_\_\_\_\_ Monthly: \_\_\_\_\_

Registered organizations must:

- Have a minimum of 6 current members
- Have a faculty advisor
- Have a set of Bylaws or Constitution on file in the Student Activities Office
- Report any changes

**Type of Organization:** Please read the descriptions below and indicate the ONE that best describes your organization.

**Academic:** Related to an academic discipline or school of the University.

**Cultural:** Promoting or enhancing a specific culture, cultures or related activities on campus.

**Fraternity/Sorority:** Affiliated with Panhellenic or Interfraternity Council.

**Honorary:** Formed to recognize or honor excellence. (Selective Membership)

**Partisan Political:** Affiliated with or promoting a particular party, individual or issue in local, state or national politics.

**Religious:** Affiliated with or promoting a religion, a set of religious beliefs or lack thereof.

**Service:** Providing services or assistance to the University Community

**Social:** Groups formed for the promotion of social interaction.

**Special Interests:** Promoting or related to specific, defined interests.

\*To be recognized as an active organization your group must:

\_\_\_\_\_ complete one community service project per academic year.

\_\_\_\_\_ attend two sessions of the Student Organization Support Series (SOS Series). Dates and time TBA.