Form must be legible to be accepted. Completed forms must be turned in to the Student Organization Resource Center (SORC) in Walb Union, Room 214. A copy of the current constitution is required to be on file. All officers must be currently enrolled Purdue Fort Wayne students. Violation of these requirements will result in recognition cancellation.

Official Name of the Organization:

New Organization? Re-registration?

If the registration and name are not exactly the same as previous registration, list the previous name:

Is the organization nationally affiliated? Yes No

Type of Organization
- Club Sports
- Departmental
- Diversity/Cultural
- Honorary
- Religious
- Social Greek
- Special Interest

Student Life and Leadership
Walb Union 214 • 260-481-6609
Date Received: _____ SLL Initials: _____

Note: Please complete fully. Purpose and membership requirements should match those items from the organization’s constitution, which is not readily available to those inquiring.

PURPOSE AND GOALS OF ORGANIZATION:

MEMBERSHIP REQUIREMENTS AND OBLIGATIONS (see Student Handbook, include dues, induction, and expulsion information):

ACTIVITIES AND EVENTS PLANNED FOR CURRENT YEAR:

PRIMARY CONTACT FOR ORGANIZATION:

Name Phone Alt. Phone
Email: Organization’s email:
Organization’s website:
Organization’s on-campus office (room, building): Office phone:

CURRENT OFFICERS (should match names on reverse side). PLEASE PRINT.

PRESIDENT: VICE PRESIDENT:
TREASURER: SECRETARY:
FACULTY ADVISOR: DEPARTMENT:
All information must be legible.

ORGANIZATION NAME: ________________________________

PRESIDENT or CHAIRPERSON OR NAME of 1st OFFICER POSITION: ________________________________

Name ________________________________ Phone # ________________________________

SID ____________________________________________________________ □ Check for text updates

Email address ________________________________________________________________

Signature ________________________________________________________________

VICE PRESIDENT or VICE CHAIRPERSON OR NAME of 2ND OFFICER POSITION: ________________________________

Name ________________________________ Phone # ________________________________

SID ____________________________________________________________ □ Check for text updates

Email address ________________________________________________________________

Signature ________________________________________________________________

TREASURER or FINANCIAL OFFICER OR NAME of 3RD OFFICER POSITION: ________________________________

Name ________________________________ Phone # ________________________________

SID ____________________________________________________________ □ Check for text updates

Email address ________________________________________________________________

Signature ________________________________________________________________

FACULTY ADVISOR

Name ________________________________ Position ________________________________ Email ________________________________

Department ________________________________ Building and Office Room Number ________________________________ Office Phone Number ________________________________

Signature ________________________________________________________________

For office use only.

BURSAR: ________________________________

Revised 8/2018