



Student Activities
 Stephen F. Austin State University
 http://sa.osa.sfasu.edu
 email: studentactivities@sfasu.edu

Office Use
 Only

Date Received _____ Initials _____
 Holds Y N

Student Organization Registration		Semester <input style="width: 100px;" type="text"/>
Please Complete This Application Entirely And Submit To Student Affairs By September 15, 2006 Limit Your Entries To The Space Provided. PRINT NEATLY		
Organization's Full Name	<input style="width: 980px;" type="text"/>	
Name of student leader completing this form:	<input style="width: 980px;" type="text"/>	
Organization's nickname or commonly used abbreviation:	<input style="width: 980px;" type="text"/>	
Describe membership requirements:	<input style="width: 980px;" type="text"/>	
Organization Website Address	<input style="width: 980px;" type="text"/>	

Officer Info

Print below the names and titles of 4 currently enrolled SFA students who are officers or designated student leaders, and who are authorized to assume responsibility for this organization. **You must provide all the information requested below for all four members.**

	Name	CID # (Campus ID#)		
1.	President/Primary Leader		e-mail:	
			Local Phone #	Cell Phone #
2.	Treasurer/Financial Officer		e-mail:	
			Local Phone #	Cell Phone #
3.	Position:		e-mail:	
			Local Phone #	Cell Phone #
4.	Position:		e-mail:	
			Local Phone #	Cell Phone #

Advisor Info

Primary Advisor: Your main advisor. The advisor who meets regularly with the organization's officer(s) and who signs SFA generated documents. **Secondary Advisor:** Stays informed by the organization about activities and steps in to help the organization when the primary advisor is out of town. All organizations must have **one** advisor who is full-time faculty or staff member of SFA. Provide the campus mailing address, physical office address and phone number of this person.

A.	Indicate one:	<input type="checkbox"/> Primary Advisor	<input type="checkbox"/> Secondary Advisor	SFA Employee:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name		<input style="width: 90%;"/>	E-mail	<input style="width: 90%;"/>	
Mailing Address					
Day Phone			Cell Phone	<input style="width: 90%;"/>	
SFA Office Location			Office Phone	<input style="width: 90%;"/>	
B.	Indicate one:	<input type="checkbox"/> Primary Advisor	<input type="checkbox"/> Secondary Advisor	SFA Employee:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name		<input style="width: 90%;"/>	E-mail	<input style="width: 90%;"/>	
Mailing Address					
Day Phone			Cell Phone	<input style="width: 90%;"/>	
SFA Office Location			Office Phone	<input style="width: 90%;"/>	

Read and Sign the Back Page.

