Student Organization Registration Form
2020-2021

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. Please complete & return this form by September 18, 2020. If your officers change it is the club’s responsibility to complete a new registration form with the updated information. Please print clearly and fill out the following form completely. This form will not be accepted without a signature from the advisor and president. WE CANNOT ACCEPT NON-ISU EMAIL ACCOUNTS!

All organizations have a mail box in the Student Leadership & Engagement Center. Pick up your mail frequently. Your organization mailing address is: 921 S. 8th Ave. Stop 8170, Pocatello, ID 83209

ORGANIZATION NAME AS PRINTED ON CONSTITUTION

<table>
<thead>
<tr>
<th>CLUB NAME</th>
<th>INDEX NUMBER</th>
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President: ___________________________ Email: ___________________________@isu.edu
Bengal ID: ___________________________ Phone: (   ) ___________________________

Vice President: ___________________________ Email: ___________________________@isu.edu
Bengal ID: ___________________________ Phone: (   ) ___________________________

Secretary: ___________________________ Email: ___________________________@isu.edu
Bengal ID: ___________________________ Phone: (   ) ___________________________

Treasurer: ___________________________ Email: ___________________________@isu.edu
Bengal ID: ___________________________ Phone: (   ) ___________________________

Advisor: ___________________________ Email: ___________________________@isu.edu
Department: ___________________________ Box #: _____ Phone: (   ) ___________________________

It is understood that violation of any University policy, including the ISU Student Code of Conduct, may be cause for withdrawal of recognition by Idaho State University. This also acknowledges that you have read and agree to follow the guidelines stated in the Student Organization Manual. It further acknowledges the right of the University to release the above information about your organization unless otherwise arranged.

President’s Signature ___________________________ Date: ___________________________

Advisor’s Signature ___________________________ Date: ___________________________

Advisor:
Important Cleary Act Information: Due to your role as an advisor of a recognized student organization, you are considered a “Campus Security Authority” for the university. As such, you shall immediately report any crimes that you are made aware of to ISU Public Safety.
MEMBER LIST

Must have at least eight (8) club members who are current students to be officially recognized on the Pocatello campus. Satellite campus clubs (Meridian & Idaho Falls) must have at least six (6) club members who are current students to be officially recognized.

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For Office Use Only:
_____ Registered Orgs List      _____ Website      _____ Funding Requirements
_____ Active Club List         _____ Scanned

Please list as many club members as you can on this sheet or email a complete club roster to durrtama@isu.edu.