

Date received by Dean of Students Office: \_\_\_\_\_ **Effective Year: 2007-2008**

**STUDENT ORGANIZATION REGISTRATION**  
**PLEASE PRINT CLEARLY. ILLEGIBLE FORMS WILL BE DENIED.**

NAME OF ORGANIZATION: \_\_\_\_\_

INTERNAL ADDRESS: \_\_\_\_\_ N/A  INTERNAL MAILING ADDRESS IF DIFFERENT: \_\_\_\_\_

WEBSITE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ORGANIZATION TELEPHONE: \_\_\_\_\_ N/A  FAX: \_\_\_\_\_

AFFILIATE WITH: ASFA \_\_ CASA \_\_ ECA \_\_ FASA \_\_ ECSGA \_\_ CGSA \_\_ IEAC \_\_ IFC \_\_ OTHER \_\_

**MEMBERS OF GOVERNING BODY: (BOARD OF DIRECTORS, EXECUTIVE)**

NAME	POSITION/TITLE	HOME TELEPHONE #	E-MAIL	I.D Number

**NAME OF TWO FINANCIAL SIGNING OFFICERS**

SIGNING OFFICER #1:

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Signature)

SIGNING OFFICER #2:

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Signature)

**PERSON RESPONSIBLE FOR BOOKING SPACE:**

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Signature)

**AUTHORIZED SIGNATURE OF AFFILIATE:**

(I.E.: ASFA, CSU, CASA, ECA, FASA, GSA, ECSGA, IEAC, IFC)

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Affiliate