



University of Minnesota Duluth
 Kirby Student Center
 Student Activities Office
 1120 Kirby Drive

STUDENT ORGANIZATION INITIAL AND ANNUAL RENEWAL REGISTRATION FORM

For Office Use Only:
 Initial: _____
 Date: _____

Name of Organization: _____

Organization Email Address: _____ Organization Website: _____

PLEASE PRINT OR TYPE ALL INFORMATION

Contact Person*	OFFICERS OR DESIGNATED REPRESENTATIVES	NAME	STUDENT ID NO**	E-MAIL	ADDRESS	PHONE
_____	Chairperson/Pres.			<input type="checkbox"/>		<input type="checkbox"/>
_____	Vice Chairperson/V.P.			<input type="checkbox"/>		<input type="checkbox"/>
_____	Secretary			<input type="checkbox"/>		<input type="checkbox"/>
_____	Treasurer			<input type="checkbox"/>		<input type="checkbox"/>
_____	Advisor			<input type="checkbox"/>		<input type="checkbox"/>

Note: Check boxes to suppress this information from being released to individuals who have questions/interest about your student organization and would like to contact you. The primary contact CANNOT suppress their email address. Student ID numbers will NEVER be released.

*All organizations are required to designate a primary contact person by checking one to the officers listed above. (change titles as necessary)

**The Committee on Student Affairs requires that student organization officers be currently enrolled, full-time students.

Statement of Purpose:

Your organization is encouraged to develop a constitution by which it may govern itself. Sample constitutions and assistance in drafting may be obtained at the Student Activities Office. Please attach with this form or send us a copy of your constitution/bylaws to the Student Activities Office, 115 KSC.

As student officers/representatives of this organization, in accordance with the Regents' Policy, I hereby certify that I have received and am aware of the University policies and regulations applicable to student organizations. I also acknowledge our organization has been offered access to the Student Activities Guide, either in hard-copy or online.

Signature: _____ Date: _____ Signature: _____ Date: _____

Signature: _____ Date: _____ Signature: _____ Date: _____