

Student Organization Registration Form 2006-2007
Office of Student Union and Involvement - Longwood University

Check one: ___New Organization ___Re-Registering ___Name Change (Previous Name_____)

Name of Organization: _____
Organizations names may use "Longwood University" to identify location only (e.g. Student Club at Longwood not Longwood Student Club.)

P.O. Box of Organization: _____ **Phone Number:** _____

Organization's Email: _____ **Month of Elections:** _____

Number of Members: _____ **Regular Meeting day and time:** _____

President's Name: _____	Email: _____
Local Address: _____	Phone Number: _____
Vice President's Name: _____	Email: _____
Local Address: _____	Phone Number: _____
Secretary's Name: _____	Email: _____
Local Address: _____	Phone Number: _____
Treasurer's Name: _____	Email: _____
Local Address: _____	Phone Number: _____
Volunteer/Service/Learning Coordinator _____	
Email: _____	Local Address: _____
Phone Number: _____	
Other Officer _____	Email: _____
Local Address: _____	Phone Number: _____

As President of this organization, I assume responsibility to ensure that all members are aware of and abide by regulation pertaining to student organizations and to conduct our affairs in a manner to further the educational mission of the college.

Signature of President: _____ *Date:* _____

STUDENT ORGANIZATION ADVISOR CONFIRMATION

The Advisor must be a faculty member, administrator, or staff member of Longwood University
Having met with the leadership of the above organization, and having become familiar with its purpose, I am willing to serve as advisor for this year, and am aware of an advisor's responsibilities, which include:

1. Promoting student/staff/faculty cooperation.
2. Working with the Office of Student Union & Involvement to affect constructive programming and support for the organization.
3. Promoting student awareness of and adherence to Longwood and other University policies and procedures for campus clubs and organizations.
4. Reporting to the Office of Student Union & Involvement any violations of University policies & procedures, including any unsafe practices of this organization.
5. All club sports must have the signature of the Director of Campus Rec.

Advisor's Name: _____ Dept/Office: _____
Campus Address: _____ Campus Phone: _____
Email: _____

Signature of Advisor: _____ Date: _____
Signature of Campus Rec Director _____ Date: _____
(If Club Sports)

Please check one category below that most closely defines your organization. Your organization will be listed under this heading on our website and in publications designed to promote student organizations.

- | | |
|--|--|
| <input type="checkbox"/> Academic Departmental | <input type="checkbox"/> Residence Hall |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Service |
| <input type="checkbox"/> Campus Media | <input type="checkbox"/> Social Greek Organization |
| <input type="checkbox"/> Club Sports/Recreation | <input type="checkbox"/> Special Interest |
| (If Club Sports/Recreation – your organization must meet with the Campus Rec Director) | <input type="checkbox"/> Spiritual/Religious |
| <input type="checkbox"/> Honorary | <input type="checkbox"/> Student Government |

STATEMENT OF PURPOSE: Briefly describe the purpose of your organization. Be as precise as possible since this statement will be listed on our website and in publications.

CONSTITUTION INFORMATION

Check Appropriate Response:

- A. I certify that our constitution and bylaws have not changed.
 - B. Our constitution and/or bylaws have changed from last year, attached is an updated copy.
 - C. As a new organization, attached is a copy of our constitution and bylaws.
- Date of last revision of constitution and/or bylaws (if less than one year please attach)
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By completing and submitting this Registered Student Organization Application:

1. I certify that the above information is accurate, and I acknowledge my responsibility to keep this record correct by informing the Office of Student Union and Involvement of any changes in the information and/or in our constitution and bylaws.
2. I certify that this organization does not discriminate on the basis of race, national origin, color, religion, gender, age, veteran status, sexual orientation, and/or ability status in any of its programs, activities, services, benefits, or membership practices. Under Title IX of the U.S. Education Act Amendment of 1972, certain exemptions may be granted for groups such as intercollegiate and intramural athletics, social fraternities and sororities, girl scouts, and boy scouts.
3. I understand that information listed on this application will be made available to the public.
4. I understand that our organization must re-register with the Office of Student Union and Involvement at the beginning of each semester of the academic year and will submit changes in our officers and/or advisor as they occur throughout the year.
5. **I have read and understand the Longwood University Hazing Policy and will communicate the policy to the members of my organization. The hazing policy can be found at <http://www.longwood.edu/judicial/hazing.htm>**

Signature of President: _____ Date: _____

Signature of Advisor: _____ Date: _____

Please return to Lankford Student Union Room 201

