

**Office of Student Life**

**Application for Organization** Recognition or Renewal

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National Affiliation, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Meeting Dates/Times:

|  |  |  |
| --- | --- | --- |
| Check appropriate box: | Check appropriate box: | Complete below: |
| Organization Status | Organization's Constitution is: | Membership Information |
|  New, first-time organization Reregistering organization Changing officer and/or advisor |  New and attached Revised and attached No changes made | \_\_\_\_ Active members\_\_\_\_ Affiliate members*Member who are not students, or students who are enrolled in 3 credit hours or less* |

Officer and Member Information

AH officers/contact persons for the organization must sign this form. By signing, the officers/contact persons ensure that they agree to uphold all university policies and procedures, to not use student activity money for political activities intended to influence voting on is­ sues or candidates currently on a ballot, nor to participate in hazing activities. It also grants release of eligibility status information to the president and advisor of the organization by the Office of Student Life. In addition, all organizations must have a Constitution/Bylaws on file with the Office of Student Life; we encourage organizations to update constitutions every two to three years.

We, the undersigned, hereby request application for recognition or renewal for this organization in order that we may continue to use the name and facilities of Kent State University at Stark. We agree to abide by the rules and regulations of the university, specifically those which regulate student organizations. Every voting member of this organization is a registered student or member of the faculty or staff of Kent State University.

Five separate members must be named. Members cannot be listed more than once.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Full Name: |   | Organization Position: |  |
|  | Address: |   | Email Address: |  |

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:

Signature: Kent State ID Number:

2 Full Name: Address:

City, State. Zip:

Signature:

Organization Position:

Email Address:

Phone Number:

Kent State ID Number:

(continued on back)

|  |  |  |
| --- | --- | --- |
| 3 | Full Name:  | Organization Position:  |
|  | Address:  | Email Address: |
|  | City, State. Zip: | Phone Number: |
|  | Signature:  | Kent State ID Number: |

4 Full Name: Organization Position:

Address:

City, State. Zip:

Email Address: Phone Number:

Signature:

 Kent State ID Number:

|  |  |  |
| --- | --- | --- |
| 5 | Full Name:  | Organization Position: |
|  | Address:  | Email Address: |
|  | City, State, Zip:  | Phone Number: |
|  | Signature:  | Kent State ID Number: |

Please provide contact information for a full-time faculty or staff advisor: Organization Advisor Information

Full Name: Official Title:

Campus Address:

Campus Phone:

Email Address:

Organization Requests

Please check which area(s) your organization would like to apply for: Office of Student Life use only:

 Office Space

 Funding

 Access to Copy Machines

 Lockable Cabinet

 Storage

 We are not in need of funding and wish to waive our right to funds at this time.

Signature of Organization Officer

Print Name: Position:

Signature: Date: