

# 2008-09 Officer Registration Form



## Notre Dame de Namur University

### PLEASE READ THE INFORMATION BELOW COMPLETELY BEFORE SIGNING THE REVERSE

The organization listed on the reverse hereby notifies the Center for Student Leadership of a change in officers. As officers of the organization, we agree individually and collectively to ensure compliance with the following:

1. The rights to vote and hold office are restricted to matriculated, currently registered students of the University.
2. Membership in the organization will not be denied on the basis of race, religion, sex (except as permitted by law), age, physical disability or sexual orientation.
3. No member of the organization shall engage in any way in hazing (i.e. commit any act that causes or is likely to cause bodily danger, physical or mental harm or personal degradation to any member of the University community).
4. The stated purposes of the organization are consistent with the educational mission of the University and the organization is non-profit.
5. The organization will comply with all applicable federal and State laws and policies of the Notre Dame de Namur University.
6. The officers have been elected/appointed as outlined in the organization's constitution.
7. All amendments to the constitution will be submitted to the Center for Student Leadership within ten (10) working days of the change.
8. A new Officer Registration Form will be submitted to the Center for Student Leadership within ten (10) working days of all elections and/or change in officers.
9. If the organization is affiliated with a national, state or regional organization, the current campus officers affirm compliance with the constitution and by-laws of the parent organization.
10. All activities will be carried out in accordance with the organization's constitution which is on file with the Center for Student Leadership.

Date Filed: \_\_\_\_\_

**Organization** (please print the complete name): \_\_\_\_\_

**Type of Organization** (check only one):       Academic                       Cultural                       Honor Society  
    Recreational/Social       Religious                       Special Interest

**Purpose of Organization:** \_\_\_\_\_

**Affiliations:** This organization is \_\_\_ is not \_\_\_ affiliated with a national, state or local organization.

Name of affiliate organization: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

**Qualifications for Membership** (e.g. G.P.A., dues): \_\_\_\_\_

The term of office for the persons listed below is valid through \_\_\_\_\_ unless the Center for Student Leadership is informed in writing of any changes/elections. Signatures indicate assumption of responsibility for compliance with statements above and the conditions of recognition listed on the reverse. All officers who have signed below have read and understand those statements including full liability for all actions of the organization. The persons listed below are empowered by the members of the organization to reserve facilities and initiate program requests on behalf of the organization and to commit the organization and the organization's resources through the period of time indicated by the term of office above.

**Officer Contact Information**

Name(print): \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_ Phone: (day) \_\_\_\_\_ (eve) \_\_\_\_\_

Name(print): \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_ Phone: (day) \_\_\_\_\_ (eve) \_\_\_\_\_

Name(print): \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_ Phone: (day) \_\_\_\_\_ (eve) \_\_\_\_\_

Name(print): \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_ Phone: (day) \_\_\_\_\_ (eve) \_\_\_\_\_

Name(print): \_\_\_\_\_ Title: **AS Club Senator** Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_ Phone: (day) \_\_\_\_\_ (eve) \_\_\_\_\_

**Advisor Agreement** (All organizations are **required** to have a campus advisor.)

I hereby agree to serve as an advisor to the above named organization during the term indicated. I realize the responsibility of my role as advisor and will work with the organization officers in maintaining University policies and procedures.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dept: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

CSL Approval by: _____	Date: _____
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