

**CCAD Student Involvement  
2015-2016 Recognized Student Organization Registration Form**

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

Goal of the Organization:

Please Circle the Purpose of this Organization:    Social    Professional    Academic

Number of Members: \_\_\_\_\_ Dues? **YES** **NO** How Much? \_\_\_\_\_

Leader or President: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please list other Executive Board members' full names and titles:

Faculty or Staff Advisor \_\_\_\_\_ Phone Number: \_\_\_\_\_

Proposed meeting time & location: \_\_\_\_\_

Is this group a member or affiliate of a larger state/national organization? **YES** **NO**

If Yes, what organization?: \_\_\_\_\_

What are the expectations for membership?

|                                  |            |       |
|----------------------------------|------------|-------|
|                                  | Signature: | Date: |
| President or Leader:             | _____      | _____ |
| Faculty or Staff Advisor:        | _____      | _____ |
| Director of Student Involvement: | _____      |       |

- Please re-register each year in order to be recognized as being a RSO.
- RSOs have preference in reserving rooms on campus
- RSOs may provide programming and may apply for funds if the program is cost effective and attempts to reach an adequate sized audience
- The Director of Student Involvement retains the right to approve or deny and budgetary decisions regarding student organizations