

Student Organization Re-Registration Form

LaGrange College

Organization Name: _____

Date: ___ / ___ / ___

Please give a short description of your organization:

When are your organizations meetings held? _____

How often does your organization meet? _____

What is the anticipated date of new officer elections? _____

Mailing Address

Name: _____

Address: _____

City, State, Zip: _____

Organization Contact Email: _____

Faculty/Staff Advisor

Name: _____

Department: _____

E-mail: _____

Phone: _____

Organization Officers

President: _____

Email/Phone: _____

Vice-President: _____

Email/Phone: _____

Treasurer: _____

Email/Phone: _____

Secretary: _____

Email/Phone: _____

Does your organization collect dues? Yes: _____ **No:** _____

To the best of my knowledge and my fellow officer's knowledge, all of the following statements are correct: Our most current constitution, by-laws, and those of any regional or national organization(s) are on file in the Student Engagement Office. Our members are part-time or full-time LaGrange College Students. To the best of my knowledge, the organization's purposes and its activities are not in conflict with LaGrange College purposes, regulations and policies, or with State and/or Federal laws and regulations. With this signature, I hereby give permission for the above information to be made public upon request and give permission for Student Involvement to verify my enrollment.

Signature (Organization President): _____

LC# _____

Date ____ / ____ / ____

Signature (Faculty/Staff Advisor): _____

Date ____ / ____ / ____

LaGrange College Account

Through filling out this section you are opening an account through LaGrange College in which soap funds are able to be deposited. This account is not limited to soap funds usage. It can be used for organizational personal operational purposes.

Organization Name: _____

President: _____

LCID: _____

Signature: _____

Email/Phone: _____

Advisor Name (Faculty/Staff): _____

Advisor Signature (Faculty/Staff): _____

Email/Phone: _____