

Organization Registration Form

Colorado School of Mines - Student Activities Office

Academic Year: _____

Organization's full name: _____

Acronym (if any): _____ Approximate number of ACTIVE members: _____

Contact Information

President: name: _____

e-mail: _____ phone: _____

Treasurer: name: _____

e-mail: _____ phone: _____

Advisor: name: _____

e-mail: _____ phone: _____

Membership Information

Does the organization request ASCSM Funds? _____ No _____ Yes

Does your organization charge dues? _____ No _____ Yes, amount = _____

Is your membership open to all students: _____ No _____ Yes

If no, what are the restrictions? _____

Regular Meetings

Day: _____ Time: _____

Location: _____

Campus Address

Where does your organization receive mail (check one):

_____ Student Activities _____ Rec. Sports Office _____ Department: _____

Organization Description

Provide a 2-3 sentence description of your organization for use on the website and in publications (use back if needed).

Signature of Organization President

Date

Signature of CSM Faculty/Staff Advisor

Date

Office use only

Date Submitted: _____

Date Entered: _____

By-Laws on file: _____