

## Annual Student Organization Registration Form 2019-20

Please complete this form and schedule an appointment to review the form with a Student Engagement staff member. Fraternity and Sorority organizations will meet with the AD for Fraternity and Sorority Life. All others must meet with a SLC. Please keep an initialed copy for your records.

Question	Enter Response Below		
1. RSO Name (UNA cannot be part of the title)	<i>at UNA</i>		
2. RSO Initials and/or Other Name			
3a. Current President Name			
3b. Current President Contact	Email:	Cell:	
4a. Current Advisor	Name:	Signature:	
4b. Current Advisor Contact	Email:	Cell:	
5. I have attached the most recent version of this RSO's signed constitution for review (attach to this page).	<input type="checkbox"/> No <input type="checkbox"/> Yes		
6a. Are you affiliated with a local or inter/national organization?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
6b. If you answered yes to 6a, please list the name of the affiliate inter/national or local organization.			
6c. If you answered yes to 6a, you must attach a document on the inter/national or local organization's letterhead recognizing affiliation. Is this attached?	<input type="checkbox"/> No Reason:	<input type="checkbox"/> Yes	
6d. If you answered yes to 6a, please include contact information of your local or intern/national organization (Phone, address or website).	Phone:	Address or website:	
7a. How much are your organizations fees/dues?	\$ _____ per year	<input type="checkbox"/> We do not collect dues	
7b. Which of the following describes your organization's financial operations?	<input type="checkbox"/> No Financial / Bank Account	<input type="checkbox"/> External Bank Account	<input type="checkbox"/> University Agency Account
8. I authorize the following individuals to serve as admins on our electronic portal for 2019-20	Name:		Title:
	Name:		Title:
	Name:		Title:
9. Do you plan to request allocations this year?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
10. I have read and understand the RSO Handbook.	<input type="checkbox"/> No <input type="checkbox"/> Yes		
11a. Will your organization host events where alcohol is consumed?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
11b. If you answered yes to 11a, you must attach a certification of liability insurance for your organization. Have you submitted the certificate of liability insurance?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
	Carrier		
	Policy #		
12. I understand that I must schedule a meeting with a SLC and report any leadership or constitutional change to the organization this year.	<input type="checkbox"/> Yes		
13. I have been made aware of various Student Engagement Online Resources	<input type="checkbox"/> Yes		
14. I have been advised of Student Engagement Resources	<input type="checkbox"/> Yes		
15. I understand that this meeting does not qualify me or my organization to apply for Student Allocation Funding unless I have also attended the allocation training.	<input type="checkbox"/> Yes		
16. When are new officers selected each year?	<input type="checkbox"/> Fall Semester	<input type="checkbox"/> Spring Semester	
17. All information I have provided here is true and accurately represented to the best of my knowledge.	President Signature:		Date:
18. Category: <input type="checkbox"/> Academic/Professional <input type="checkbox"/> Campus Ministry <input type="checkbox"/> Registered Club Sport <input type="checkbox"/> Distinguished Univ. Service <input type="checkbox"/> Faith Based <input type="checkbox"/> Fraternities/Sororities <input type="checkbox"/> Honor Society <input type="checkbox"/> Multicultural <input type="checkbox"/> Special Interest <input type="checkbox"/> University Sponsored			
Student Engagement Reviewer (Initial and Date)	SLC/FSL	Director	Admin