

Organization Officer and Membership Form

Organization Name					
Academic Year					
Please be aware that the below information is public knowledge. Student Organization Registration is a function of the Office of Student Life. Registration shall be defined as the process whereby a student organization acquires recognition by the University as described in the Office of Student Life Policies and Procedures Manual. Registration is valid for one (1) academic year for all organizations that complete the process during the Fall semester. Organizations that complete the recognition process during the Spring semester will only receive validation for the Spring semester. Note: All membership forms should be submitted to the Office of Student Life during business hours. All officers must be full-time BSU students with a 2.5 or higher cumulative GPA. Completing this form gives the Office of Student Life the authority to periodically monitor your GPA.					
President					
BSU ID#					
Mobile Phone #					
Email					
Campus/Home Addr	ess				
GPA (Cumulative)					
Vice President					
BSU ID#					
Mobile Phone #					
Email					
Campus/Home Addr	ess				

GPA (Cumulative)

Treasurer					
BSU ID#					
Mobile Phone #					
Email					
Campus/Home Address					
GPA (Cumulative)					
Secretary					
BSU ID#					
Mobile Phone #					
Email					
Campus/Home Address					
GPA (Cumulative)					
Advisor's Name					
Campus Address					
Campus Extension					
Email					
Certified Voter Volunteer		1 member of your organization or advisor to have voter registration.			
Name:					
Distributor Number:					
Expiration Date:					
By completing this form, the officers and members of the aforementioned organization certify that the organization is in full compliance with all federal and state nondiscrimination and equal opportunity laws, orders and regulations. Student organizations will refrain from discriminating in membership decisions, elections, and all other matters on the basis of race, color creed or religion, sex, sexual orientation, age, veteran status, physical or mental disabilities, or national origin (where applicable).					

Received By

For OSL Office Use Only
Date Received

Membership List

Name	BSU ID#	Email	Mobile #