Organization Officer and Membership Form

|  |  |
| --- | --- |
| Organization Name |  |
| **Is this a National Organization** | □ No □ Yes (If yes, Organization must submit a letter from National Chapter, stating Bowie State University has permission to charter the organization, with National Organization mission and purpose. |
| Academic Year |  |

|  |  |
| --- | --- |
| President Name: |  |
| Classification/Major |  |
| Contact Phone # |  |
| BSU Student Email Address | @students.bowiestate.edu |

|  |  |
| --- | --- |
| Vice President Name: |  |
| Classification/Major |  |
| Contact Phone # |  |
| BSU Student Email Address | @students.bowiestate.edu |

|  |  |
| --- | --- |
| Treasurer Name: |  |
| Classification/Major |  |
| Contact Phone # |  |
| BSU Student Email Address | @students.bowiestate.edu |

|  |  |
| --- | --- |
| Secretary Name: |  |
| Classification/Major |  |
| Contact Phone # |  |
| BSU Student Email Address | @students.bowiestate.edu |

|  |  |
| --- | --- |
| **Advisor's Name** |  |
| **Advisor Signature/Date** |  |
| **Advisor Email Address** |  |

Membership List

|  |  |  |
| --- | --- | --- |
| Name | Classification/Major | BSU Student Email Address |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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).

***For OSL Office Use Only***

|  |  |
| --- | --- |
| Date Received | Received By |