ACADEMIC YEAR: 2015-2016

STUDENT UNION & STUDENT ORGANIZATIONAL GOVERNANCE OFFICE
CSUB STUDENT CLUB/ORGANIZATION REGISTRATION FORM

**CLUB/ORGANIZATION NAME:** _______________________________________________

Organization Web Address: ____________________________________________

Organization Email: ____________________________________________

Registration Status:  ____ Renewal  ____ New Club (never registered)  ____ Reactivate (registered inactive club)

Brief Purpose/Description of Club/Organization (for student organization directory):  □Same as last year

**CATEGROY (CHECK ONE ONLY):**  □ SOCIAL  □ MULTICULTURAL  □ GREEK  □ POLITICAL

□ RELIGIOUS  □ ACADEMIC/HONORS  □ SPORTS/RECREATION  □ OTHER____________________

MEETINGS: How often does your club/organization meet?

□ Weekly  □ Bi-weekly  □ Monthly  □ Bi-monthly  □ Other:__________

*Officers listed below must maintain a minimum quarterly GPA of 2.00 and not be on probation of any kind. While holding office each quarter, undergraduate students are required to earn nine (9) quarter units and graduate students must earn four (4) quarter units. Maximum allowable units for officers are as follows: Undergraduate 225 Units/Graduate 75 Units.

**PRESIDENT/CHAIR (name):** ____________________________________________

Student ID #:__________________________________________ Phone #: (___)________________________

Preferred E-mail Address: ____________________________________________

*Signature: ____________________________________________

I authorize the Student Union & Student Organizational Governance Office to verify my academic eligibility.

**VICE PRES/CO-CHAIR (name):** ____________________________________________

Student ID #:__________________________________________ Phone #: (___)________________________

Preferred E-mail Address: ____________________________________________

*Signature: ____________________________________________

I authorize the Student Union & Student Organizational Governance Office to verify my academic eligibility.

**TREASURER (name):** ____________________________________________

Student ID #:__________________________________________ Phone #: (___)________________________

Preferred E-mail Address: ____________________________________________

*Signature: ____________________________________________

I authorize the Student Union & Student Organizational Governance Office to verify my academic eligibility.