

# REGISTERED STUDENT ORGANIZATION REGISTRATION/RENEWAL FORM

In order for your organization to be considered a registered student organization to be, permitted to use College facilities, to be eligible to receive money from fundraisers or any other entity, to have recognition in the Student Union, to be considered for awards and recognition at the Student Recognition Ceremony, and to be allowed to post information on campus, this form must be completed and returned to the Office of Student Activities, Student Union located in the Kirk Building Room 105.

**Name of Student Organization (no initials):** \_\_\_\_\_

**Officer or Representative Listing** (Please print. Include your e-mail address to be included on e-mail list.):

## PRESIDENT/REPRESENTATIVE

**Full Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Initial here if your name is NOT for public release:** \_\_\_\_\_

## VICE-PRESIDENT/REPRESENTATIVE

**Full Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Initial here if your name is NOT for public release:** \_\_\_\_\_

## SECRETARY/REPRESENTATIVE

**Full Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Initial here if your name is NOT for public release:** \_\_\_\_\_

## TREASURER/REPRESENTATIVE

**Full Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Initial here if your name is NOT for public release:** \_\_\_\_\_

## STUDENT ACTIVITIES BOARD REPRESENTATIVE

**Full Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Initial here if your name is NOT for public release:** \_\_\_\_\_

**Type of Organization** (check only one):

- Governmental
- Honorary Professional
- Honorary Services
- Religious
- Special Interest
- Sports and Recreation

**Number of active members:** \_\_\_\_\_ **Day and time of regular meetings:** \_\_\_\_\_

**Name of national affiliate** (if applicable): \_\_\_\_\_

**Note:** a copy of the current national bylaws must be attached if not previously provided to the Office of Student Activities.

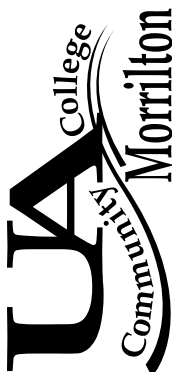
**Current constitution and bylaws** (check one):

- On File in Student Activities
- Attached

**Note:** If this is your first renewal form please attach copy

STUDENT ACTIVITIES

1537 University Boulevard, Morrilton, AR 72110 | (501) 977-2142 | 1-800-264-1094 | stell@uaccm.edu | www.uaccm.edu





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## FACULTY/STAFF ADVISOR:

**Dr./Ms./Mr.:** \_\_\_\_\_ **Department:** \_\_\_\_\_  
(Please Print)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Advisor)

## STUDENT HANDBOOK

I have received the RSO Handbook and the Student Handbook as listed in the UACCM Catalog and will take full responsibility for ensuring that all members of my organization are fully aware of and understand the policies/procedures contained in this publication.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Organization President)

## HOLD HARMLESS STATEMENT

The organization signified shall release, indemnify, and hold harmless University of Arkansas Community College at Morrilton, its agents and employees, from and against any and all claims, lawsuits, damages, or liability of any kind which might arise from the acts of the organization or its agents arising out of the use of the premises and facilities of University of Arkansas Community College at Morrilton and shall without delay notify the College (through the Office of Student Activities, 105 KB ) of any and all accidents, losses, damage, or claims which might arise in connect therewith.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Organization President)