



## REGISTRATION APPLICATION FOR STUDENT ORGANIZATIONS

### The Organization

Name of organization/club: \_\_\_\_\_

### Status:

\_\_\_\_\_ New (Application for Recognition)

\_\_\_\_\_ Pre-existing (Application for active status)

**Purpose of the organization:** \_\_\_\_\_

**Amount of fees/dues:** \$ \_\_\_\_\_ per (select one) \_\_\_ Month \_\_\_ Semester \_\_\_ Year

### Officers

All organizations are required to have at least one officer, who must be a full-time student in good academic, financial and disciplinary standing according to the standards set forth in the Student Handbook. Additional officers may be determined by the needs of the group. The officer's listed below should be:

- The primary student leader (president, co-president, chair etc.)
- The treasurer (if the group will be handling any funds)
- Any additional officers indicated on the membership list. If any change of officers occurs during the year the group must notify the Associate Dean of the change in writing.

#### Leader(s)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Treasurer

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Other

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Phone: \_\_\_\_\_

## REGISTRATION APPLICATION FOR STUDENT ORGANIZATIONS – (CONT'D)

### Advisor(s)

The advisor(s) must be California Northstate College of Pharmacy faculty or staff.

Name: \_\_\_\_\_ Department: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Department: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Mission Statement

A copy of the organization's mission statement must be on file with the Office of Student Affairs. Samples of mission statements can be obtained through this office for groups who need to create or amend a mission statement.

### Membership

Please attach a list of members for the upcoming term. Indicate officer titles.

### Signatures

All information on this form may be released to interested parties.

As the primary leader of this organization, I am a full-time student at California Northstate University College of Pharmacy in good academic, financial and disciplinary standing and will serve as the primary leader of this organization from \_\_\_\_\_(month/year) to \_\_\_\_\_(month/year). As the primary leader, I understand that I will be establishing and maintaining the standard of conduct for the organization during activities. I also understand that it is my responsibility to lead the organization, according to the stipulations of this document, the organization's Mission Statement, and the policies outlined in the California Northstate College of Pharmacy Student Handbook.

\_\_\_\_\_  
Officer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Advisor's Signature

\_\_\_\_\_  
Date

**Please submit completed form and supporting documents to Imani Grant or Aubrey Luhdorff.**

*Office of Student Affairs Use Only*

Approved \_\_\_ Not Approved \_\_\_

\_\_\_\_\_  
Associate Dean's Signature

\_\_\_\_\_  
Date