

Class/Organization Recognition Form

Office of Campus Activities – Suite 202, Campus Activities Building

UPSTATE
MEDICAL UNIVERSITY



(All information must be NEATLY PRINTED)

1. Name of Class/Organization: _____

2. Statement of Purpose of the Organization: _____

3. Statement of Membership Requirements and Selection Procedure: _____

4. Sources of Income: _____

Are there any costs to Members? _____

5. Current Officers:

	Name	Email Address	Phone Number
President	_____	_____	_____
Vice President	_____	_____	_____
Secretary	_____	_____	_____
Treasurer	_____	_____	_____
Other	_____	_____	_____

If the Organization has National or Regional affiliations, please include the name, address, and phone number of the National or Regional Contact:

6a. Time and Place of Regularly Scheduled Meeting: _____

6b. Voting Procedure and Quorum Required: _____

6c. Approximate Membership Size of Class/Organization: _____

7. Does the organization have a web page? If so, please list the page address: _____

8. Faculty Advisor:

Name: _____

Address: _____

Signature: _____ Phone: _____

In support of this application, the officers and members of _____ agree to uphold College and State University regulations and State and Federal law, and acknowledge that they are familiar with and agree to the organization rights and responsibilities as outlined on the Upstate Student Government website. Further, assurance is given that in the selection of members or assignment of voting privileges, rank of office, and in the provision of all benefits and services to students resulting from their status as a member of the registered organization, discrimination on the basis of race, sex, color, religion, national origin, age, disability or sexual orientation is disallowed.

In instances where the name of the organization implies single-sex membership or any similar restriction, students are nevertheless free to select any group of their choosing, gender-associated or otherwise circumscribed names should not be interpreted as denying or prohibiting membership to any person who wishes to join, or audition for, any registered organization, or to participate in its activities.

Signature (President of Class/Organization): _____ Date: _____

Credentials Received and Forwarded:

Signature: _____
Secretary, Upstate Student Government *Date*

Student Government Recommendation:

Approved – Recognition Granted

Disapproved – Recognition Not Granted

Signature: _____
President, Upstate Student Government *Date*

Signature: _____
Director, Campus Activities *Date*

Comments: