

## ***Appendix B***

### ***Student Organization Registration Form***

*This is the Northeast Texas Community College Student Organization registration form. You will also need to submit your constitution, bylaws, advisor form, and club roster. Please answer all questions accurately.*

By completing this form, you are informing the Office of Student Development about your organization for the academic year. Authorized Student Representatives are able to conduct business on behalf of the organization. They will be able to submit room/event reservations, utilize club funds, and make changes/updates to the organization. Please remember we will be verifying all information provided by the recipients.

Name of the Student Organization:

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Type of Student Organization

☐ Academic Interest

☐ Multicultural/International

☐ Honor

☐ Religious/Spiritual

☐ Sport

☐ Special Interest/Other

List your Mission Statement/Organization Description:

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Student Organization Contact Email:

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Please provide 3 authorized student representative's name, email, and position within the organization.

Student Representative name, email, and position. (1)

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Student Representative name, email, and position. (2)

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Student Representative name, email, and position. (3)

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Please provide your student organization's on-campus Advisor's name and email.

Advisor Name: \_\_\_\_\_

Advisor Email: \_\_\_\_\_

Advisor Name: \_\_\_\_\_

Advisor Email: \_\_\_\_\_

Please provide the number of members currently active in your Student Organization.

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Please attach a current member roster, Constitution, bylaws, and advisor form to this registration form.

Please read the section below, and the Student Organization Representative must initial to acknowledge your understanding of our Hazing Policy.

An organization commits an offense if the organization condones or encourages hazing or if an officer or any combination of members, pledges, or alumni of the organization commits or assists in the commission of hazing.  
*Education Code 37.153(a)*

Please refer to the **Student Handbook** for additional details.

\_\_\_\_\_ I have read and understand all content on the Hazing Policy.

By completing this form, you are informing the Department of Student Development about your organization for the academic year. Authorized Student Representatives are able to conduct business on behalf of the organization. They will be able to submit room/event reservations, utilize club funds, and make changes/updates to the organization. Please remember we will be verifying the information provided by the recipients. The information will also be used to place on the website.

Full Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_