



Officer Registration Form

South Dakota State University

Date Received: _____ OSA Staff Initials: _____

**Please return this completed form to the Office of Student Activities
(The Union – Room 140, Box 2815, 688-6129).**

Name of organization: _____

President: _____

Name Address Phone E-mail

V. President: _____

Name Address Phone E-mail

Secretary: _____

Name Address Phone E-mail

Treasurer: _____

Name Address Phone E-mail

Other: _____

Name Address Phone E-mail

Primary Advisor: _____

Name Campus Address Phone E-mail

Other Advisor: _____

Name Campus Address Phone E-mail

* Please provide the following additional information:

Date of proposed constitution: _____

Officer election time frame: _____

Website address: _____

Organization e-mail address: _____

Webmaster: _____

Name Address Phone E-mail