Application for Recognition of Student Organization

South Dakota State University

Date Received: _____ OSA Staff Initials: _____

Proposed name of organization: _____

Name of requestor: _____ ID #: _____

Address: _____ Phone: _____

Proposed faculty/staff advisor signature: _____

_____

Advisor name Campus Address Phone E-mail

Membership qualifications: _____

_____

Purpose statement: _____

_____

National/Regional/Local Affiliations (if applicable): _____

_____

Please affix signatures of at least seven (7) proposed charter members with ID numbers (each name needs to be printed and signed).

1. _____ _____ _____
   Print name Sign name ID number
2. _____ _____ _____
   Print name Sign name ID number
3. _____ _____ _____
   Print name Sign name ID number
4. _____ _____ _____
   Print name Sign name ID number
5. _____ _____ _____
   Print name Sign name ID number
6. _____ _____ _____
   Print name Sign name ID number
7. _____ _____ _____
   Print name Sign name ID number

Updated 9/06 ark