

## **Student Organization Registration Form**

Name of Organization:					
Organization Type:					
Academic/Educational					
Cultural					
Honor/Recognition					
Recreational/Sport					
Religious/Spiritual Service					
Social					
Special Interest					
Membership Requirements	:				
Typical Organization Activit	ies:				
Amount	Monthly	Semester	Yearly	No Fees	
Fundraising Activities:					
Community Service Compo	nent:				
Faculty/Staff Advisor:					
Phone		Email			

Membership

Signature

Name	Cell	Email	Officer
			President
			Vice
			President
			Secretary
			Treasurer
The information presented above organization agrees to comply of Conduct, and all other policies	with Cleary Univers	sity Non-Discrimination F	Policies, Code
President Signature:			Date:
Advisor			Date: