



SHSU Organizations

Summer 2009 Organization Update Form

(updated 5/2009)

To maintain status as a registered student organization, each organization needs to update their information with Student Activities at the beginning of the fall and spring semesters and before the summer semesters. Please complete this form and return it to the Student Activities office located in LSC 328, or through Campus Mail Box 2507 by 5:00 p.m. no later than **WEDNESDAY, JUNE 10TH**. If you have any questions, please call 294-3861.

ORGANIZATION INFORMATION :		Although you may have supplied this same information on a past update, please resubmit.
Official Organization Name:		
National Affiliation (if applicable):		
Academic Department Affiliation (if applicable):		
Organizational Email Address:		
What is the purpose of your organization?:		
When are elections held?:		
Number of current members:		
Membership qualifications: (GPA requirements, classification, major, etc.)		
Are members required to pay dues? If yes, how much?		
When is the regularly scheduled meeting?		

President's Contact Information: Please fill out the following information so that we may maintain communication effectively.

Name: _____

Phone Number: _____ Email Address: _____

Address: _____

City/State/Zip: _____

When will this contact information expire?: _____

Vice President's Contact Information: Please fill out the following information so that we may maintain communication effectively.

Name: _____

Phone Number: _____ Email Address: _____

Address: _____

City/State/Zip: _____

When will this contact information expire?: _____

Advisor Information: Advisors are key components within organizations. He or she should serve as a resource on campus, provide organization with consistency over the years, and keep students informed about university policies and procedures. If your organization is currently without an advisor, please inform Student Activities immediately. Your organization is responsible for providing your advisor with a full member roster with SAMID's and a list of all officers when possible.

On campus advisor: _____ Phone: _____

Department: _____ Mailbox Number: _____

Email Address: _____

Advisor Signature *(this form is invalid without a signature)*: _____

******Please read the *ROSTER* section below. In signing as the organization advisor, you agree that a full roster with the following guidelines will be submitted with this form.******

Does your organization also have an off-campus advisor? Yes No

If yes, please fill out the following:

Name: _____ Phone: _____

Official ROSTER: Student Activities now requires each registered student organization to submit a full roster with each semester update form. *Only rosters with the following criteria will be accepted:* MUST INCLUDE first name, last name and **SAMID** for each member; must be submitted via **email or EXCEL** spreadsheet file to studentactivities@shsu.edu; must include only ACTIVE SHSU student members for current semester.

Officer Information: In addition to the official roster, please fill out the following detailed information for listed officers. This information allows our office to have additional contacts within your organization.

OFFICE HELD	NAME	PHONE	E-MAIL
Secretary			
Treasurer			

-FOR OFFICE USE ONLY-

Date Received: _____ Received by: _____ Database Entry by: _____