
UWMC Student Organization Registration Form

In order to successfully register:

- **All organizations must have one representative at one of the scheduled Clubs and Organization Meetings or schedule a meeting with the Student Activities Coordinator.**
- Fill out and return this form to the Student Activities Coordinator in Student Services.
- Four members must be current UW-Marathon County students and sign this form.
- Each organization needs to have a faculty or staff advisor that is employed at UW-Marathon County.
- A current copy (no more than two years old) of the club's constitution must be attached.
- **All parts of this form and signatures that are requested are needed in order for the form to be complete.**

GENERAL INFORMATION

Name of Student Organization (No Abbreviations): _____

Abbreviation used by Student Organization: _____

Name used last semester if different: _____

Contact Email Address: _____

Registration Status: Re-Registration New Organization

CATEGORY

Please choose ONE category that best describes the organization.

- | | | |
|--|--|---|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Recreational / Club Sport | <input type="checkbox"/> Special Interest / Miscellaneous
(Please Specify) |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Religious | _____ |
| <input type="checkbox"/> Cultural Heritage / Ethnic Identity | | |

Constitution This club and organization will be using the same constitution with no revisions.

Yes No *If no, please attach the newest constitution to this form.*

ORGANIZATION DESCRIPTION & ACTIVITIES

How often does your organization meet? _____

What is your organization's approximate membership? _____

Please give a brief description (50 words or less) of the organization. This information will be available for review by prospective members.

**DON'T FORGET TO COMPLETE THE BACK OF THIS FORM.
ALL SIGNATURES NEED TO BE OBTAINED BEFORE THIS FORM CAN BE SUBMITTED.
SUBMIT COMPLETED FORM TO:
Student Activities Coordinator • Student Services**

REQUIRED SIGNATURES

Please sign below in order to affirm the following statements.

(Requests for exceptions must be submitted in writing and attached to this form.)

- We will abide by University of Wisconsin policies and procedures, including the Student Organization Handbook.
- We have read and understood the UWMC Student Organization handbook.
- We authorize the Student Government Association/Advisor to provide our names and e-mail addresses as official contacts for the organization listed above.

Primary Student Contact / President / Chairperson (Will receive correspondence from the SGA):

Name _____ Title: _____
Signature: _____ Date: _____
Phone #: (_____) _____ Email Address: _____

Officer/ Student Contact: (In case primary student contact cannot be reached)

Name _____ Title: _____
Signature: _____ Date: _____
Phone #: (_____) _____ Email Address: _____

Faculty / Staff Advisor:

Name: _____ Dept: _____
Signature: _____ Date: _____
Email Address: _____ Campus Phone #: _____

ORGANIZATION OFFICERS & STUDENT MEMBERS

Please list a minimum of four currently enrolled UW-Marathon County students who will be members of the organization. Include all members that will serve as officers throughout the semester of registration.

By signing below, we agree to authorize the Student Activities Coordinator to access our academic records in order to verify enrollment status. *(Please note: This information will be kept confidential.)*

Members or Officers: (Not Primary or Secondary Student Contacts)

Name _____ Title: _____
Signature: _____

Name _____ Title: _____
Signature: _____

Name _____ Title: _____
Signature: _____

Name _____ Title: _____
Signature: _____

Name _____ Title: _____
Signature: _____

Signature of the Student Activities Coordinator: _____
Date: _____