



Office of
Student Activities

Student Organization Registration Packet

For a full description regarding student organization policies and regulations, refer to the Student Organization Handbook, which can be found at www.athenstech.edu/StudentActivities

Student Organization: _____

Advisor Name: _____

Phone: _____ *Email:* _____

If this organization is re-registering, list two of the current officers. Note that one of these officers must be the president or chief officer of the organization as outlined in the bylaws.

Name: _____

Position: _____

Phone: _____ *Email:* _____

Name: _____

Position: _____

Phone: _____ *Email:* _____

Does this organization have any state, national, or international affiliations? Yes No

If so, please provide the following:

Organization: _____

Address: _____

Website: _____

To register as a student organization, a minimum of five students must be identified who meet the criteria for membership as outlined in the organization bylaws submitted with this packet. By signing, those students indicate that they are interested in participating in the organization. List those below.

Name: _____

Student ID number: _____

Signature: _____

Name: _____

Student ID number: _____

Signature: _____

Name: _____

Student ID number: _____

Signature: _____

Name: _____

Student ID number: _____

Signature: _____

Name: _____

Student ID number: _____

Signature: _____

To finalize the application for registration, this registration packet must be submitted along with a copy of the organization bylaws as outlined in the Student Organization Handbook, which can be found at www.athenstech.edu/StudentActivities

By signing this document, you are agreeing to support this student organization if it is chartered. You are also agreeing that this registration packet is complete and that you have read and understood the Student Organization Handbook and agree, as an organization, to follow the procedures, regulations, and policies that are outlined in that Handbook.

Student Organization: _____

Advisor: _____

Email: _____

Signature: _____

Date: _____

Student Representative (President): _____

Email: _____

Signature: _____

Date: _____

To be completed by the Office of Student Activities.

By signing, approval for the registration of the above noted organization is granted.

Signature of the Director of Student Activities: _____

Date: _____

Signature of the Vice President for Student Affairs: _____

Date: _____

Signature of the President of the College: _____

Date: _____

Student Organization Officer List

If the organization has already completed elections for the upcoming academic year, please list the following information for each organization officer. If the elections have not occurred, please complete this page when those elections have been held. (If necessary use multiple pages.)

Name: _____

Position: _____

Phone: _____ Email: _____

Name: _____

Position: _____

Phone: _____ Email: _____

Name: _____

Position: _____

Phone: _____ Email: _____

Name: _____

Position: _____

Phone: _____ Email: _____

Name: _____

Position: _____

Phone: _____ Email: _____