

Date Submitted: \_\_\_\_\_

Academic Year: \_\_\_\_\_

## University of Arkansas for Medical Sciences Student Organization Registration Form

Name of Organization: \_\_\_\_\_

Sponsoring College/Dept.: \_\_\_\_\_

Type of Organization: (Academic/Professional, Service or Institutional) \_\_\_\_\_

Mission/Purpose of Organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How is this Organization funded? (Ex: UAMS/Dues/Fundraiser): \_\_\_\_\_

Fees or Dues for Membership: \_\_\_\_\_

Time and Date of Meetings: \_\_\_\_\_

Does your student organization Lease, Own or Rent spacing to accommodate your organizational needs? \_\_\_\_\_

If so explain: \_\_\_\_\_

Location of Meetings: \_\_\_\_\_

Number of Student Members: (Min of 5 including officers) \_\_\_\_\_

### Officers

Name: \_\_\_\_\_ Ph.#: \_\_\_\_\_ UAMS Email: \_\_\_\_\_ College/Classification: \_\_\_\_\_

Name: \_\_\_\_\_ Ph.#: \_\_\_\_\_ UAMS Email: \_\_\_\_\_ College/Classification: \_\_\_\_\_

Name: \_\_\_\_\_ Ph.#: \_\_\_\_\_ UAMS Email: \_\_\_\_\_ College/Classification: \_\_\_\_\_

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Name: \_\_\_\_\_ Ph.#: \_\_\_\_\_ UAMS Email: \_\_\_\_\_ College/Classification: \_\_\_\_\_

Name: \_\_\_\_\_ Ph.#: \_\_\_\_\_ UAMS Email: \_\_\_\_\_ College/Classification: \_\_\_\_\_

### Contact Person/Advisor

Contact Person: \_\_\_\_\_ Dept.: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Dept.: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

\*Advisor: \_\_\_\_\_ Dept.: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

### Important Clery Act Information

\*Advisors, due to your role in a recognized student organization, you are considered a "Campus Security Authority" for the university. As such, you shall immediately report any crimes that you are made aware of to the UAMS Police Department 501-686- 7777.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

ID# \_\_\_\_\_