

# University of Michigan-Flint Application for Club Recognition 2009-2010

Check all that apply:       Application for a New Registered Student Organization  
                                  Application for reactivating a Closed Club

## Primary Applicant Contact Information (For Administrative Purposes Only)

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

Contact Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      E-Mail: \_\_\_\_\_

Club E-Mail: \_\_\_\_\_

Club Webpage: \_\_\_\_\_

I, the undersigned, intend to organize the group named above.

Primary Applicant Signature: \_\_\_\_\_

## Faculty/Staff Advisor

Advisor's Name: \_\_\_\_\_

Department: \_\_\_\_\_

Campus Address: \_\_\_\_\_      Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

## Miscellaneous Information

Target membership of the group: \_\_\_\_\_

Approximate membership number: \_\_\_\_\_      Dues/Membership Fee: \_\_\_\_\_

Date of next Election: \_\_\_\_\_

## Executive Leaders

Please indicate the Executive Officers or Group Leaders of your organization. If your leadership goes by different title than what is provided, please indicate on the line next to each title. Any additional Executive Titles, please attach an additional roster page to this application

**President/** \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Vice President/** \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Treasurer/** \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Secretary/** \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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## Meetings

Meeting Frequency:       Weekly       Bi-weekly       Monthly       Other

Start date for meetings: \_\_\_\_\_

Time: \_\_\_\_\_      Location: \_\_\_\_\_

**M**  
FLINT STAY INVOLVED!

## Authorized Signers

“Authorized Signers” are the only individuals who will be able to access organization funds, financial information, and make room reservations. Each organization is allowed a maximum of three (3) signers.

Name (Print): \_\_\_\_\_      Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_      Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_      Position: \_\_\_\_\_

Signature: \_\_\_\_\_

# Members

Please document the organization's current membership. Student Life asks that student members and potential members register to be counted. Please complete this form neatly.

Name	Signature	Student	Non-Student
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
9. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
10. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
11. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
12. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
13. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
14. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
15. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
16. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
17. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
18. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
19. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
20. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
21. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
22. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

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## Members (Continued)

Name	Signature	Student	Non-Student
23. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
24. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
25. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
26. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
27. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
28. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
29. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
30. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
31. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
32. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
33. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
34. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
35. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
36. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
37. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
38. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
39. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
40. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
41. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
42. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
43. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
44. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
45. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

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## Tentative Events

Outline briefly what the organization might undertake this year. This section is necessary for the recognition process.

FALL: \_\_\_\_\_

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WINTER: \_\_\_\_\_

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**M**  
FLINT

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SPRING: \_\_\_\_\_

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SUMMER: \_\_\_\_\_

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## Student Government and Agency Agreement

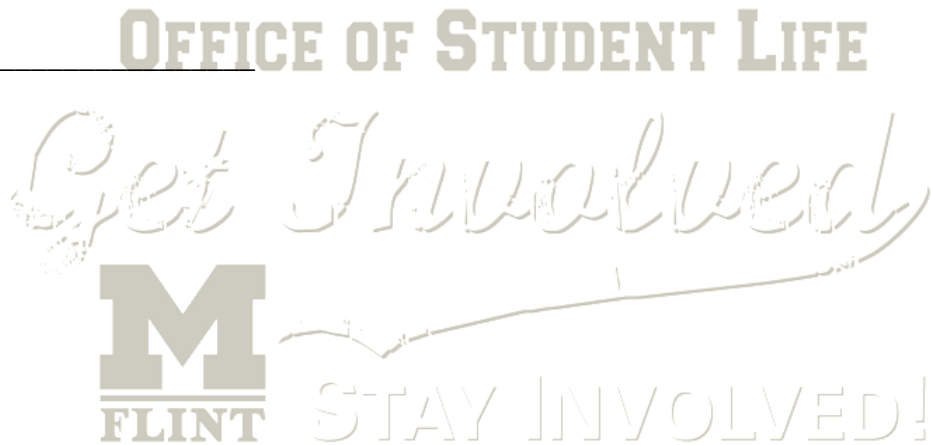
We, the undersigned, declare that the information above is; to the best of our knowledge; accurate and complete. We understand that we will be required to keep the above information current. We acknowledge that failure to do so may result in the loss of our active status and privileges.

We, the undersigned, acknowledge that by accepting official recognition we do not automatically become agents of the Student Government or University of Michigan-Flint, able to officially address issues of concern to the students of the University. Hence, this group will not advocate issues or promote concerns assuming the support of SGC, SGC officials, UM-Flint, or University officials. This group will not communicate to any body and/or person that it speaks for all students, the University, or any portion thereof beyond this group's membership through any media, communication vehicles, and/or persons.

We do, however, realize that this group may approach the Student Government to seek such privileges for a specific event, lobby, or issue. It is further understood that Student Government reserves the right to grant, deny, or amend any such requests.

Signature of President: \_\_\_\_\_

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



### Official Use Only

Received By: \_\_\_\_\_

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