



**2009-2010  
Student Organization  
Annual Registration Form  
Due: 10/2/2009**

Student Organizations that want to be eligible for the privileges granted by the University must register with the Student Union and Activities Office annually. Registered student organizations are private, voluntary associations and are not official components of the University. Montana State University Billings in no way accepts liability for the actions of such groups. Registration is simply a means by which student organizations may receive standard privileges when certain minimum criteria are met. The President/Contact Person (s) and Advisor (s) of the organization are responsible for registering the organization and for supplying current information. All organizations are expected to be familiar with and abide by all policies governing student organizations found in the Student Handbook. This information will allow us to communicate with your organization and also provide current information to other students, offices, departments, and organizations.

All email addresses and phone numbers of officers/contact persons as listed below will be released to individuals making general inquiries regarding your organization. Please check the line next to the name if you do not wish to have your email address or phone number released for general information.

**PLEASE PRINT OR TYPE CLEARLY**

**Official Name of Organization** \_\_\_\_\_

**President/Contact Person:** \_\_\_\_\_

	Last	First	E-mail
_____			
Local Address	City	State/Zip Code	Phone
_____			

**ADDITIONAL ORGANIZATION OFFICER/CONTACT PERSON INFORMATION**

1.	_____			
	Name	Email Address	Phone	Position
2.	_____			
	Name	Email Address	Phone	Position
3.	_____			
	Name	Email Address	Phone	Position
4.	_____			
	Name	Email Address	Phone	Position

**(OVER)**

**ORGANIZATION FACULTY/STAFF ADVISOR INFORMATION**

1. \_\_\_\_\_  
Name University Email Phone (Office/Home) Office/College

2. \_\_\_\_\_  
Name University Email Phone (Office/Home) Office/College

**GENERAL ORGANIZATION INFORMATION**

Do you require membership dues? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount: \_\_\_\_\_

Month of Annual Officer Selection/Election: \_\_\_\_\_

Do you have an office space? Yes \_\_\_\_\_ No \_\_\_\_\_ Location: \_\_\_\_\_

Number of current active members: \_\_\_\_\_

Regular meeting location/building: \_\_\_\_\_

Where are notices of your organization meetings posted?  
\_\_\_\_\_

Organization Web Page Address (local or national; if applicable):  
\_\_\_\_\_

Organization E-mail Address:  
\_\_\_\_\_

We request that this organization be officially registered with Montana State University Billings for the current academic year. Upon receipt of this completed form (with signatures) the organization named will be granted privileges normally associated with such registration. **Privileges include: the use of the University name, University facilities, campus mailbox, posting privileges (as stated in the posting policy), inclusion in selected campus publications, and access to information, services, and resources provided by the Student Union and Activities Office.**

We agree to abide by the rules and regulations of the University, to support its goals and objectives, and to be responsible for the activities and behavior of the organization and its members. We also agree to abide by the ordinances of the City of Billings and the laws of the State of Montana.

**REQUIRED SIGNATURES**

**President/Contact**  
**Person** \_\_\_\_\_ **Date** \_\_\_\_\_

**Faculty/Staff**  
**Advrsor** \_\_\_\_\_ **Date** \_\_\_\_\_