



STUDENT ORGANIZATION REGISTRATION FORM

THIS FORM MUST BE COMPLETED (2) WEEKS AFTER THE BEGINNING OF EACH SEMESTER

FALL SEMESTER 20____ SPRING SEMESTER 20____
DATE:_____

ORGANIZATION NAME:

RETURNING ORGANIZATION: Yes _____ No _____ IF YES, NUMBER OF YEARS ON CAMPUS:_____

CONTACT INFORMATION

Position	Name	E-Mail	Phone	UVa-W Box #
President				
Vice President				
Advisor				
Member				

PLEASE LIST OTHER OFFICERS AND THE POSITIONS THEY HOLD IN YOUR ORGANIZATION:

Position	Name	E-Mail	Phone	UVa-W Box #

WEBPAGE ADDRESS (IF APPLICABLE):

CURRENT MEMBERSHIP: _____ MEMBERS