Student Organization Registration Form

Instructions: Fill out this form completely. All information is required. Bring this form to the Student Organization Registration Meeting that you will attend. To register for a meeting, or for a list of all meeting days and times, please visit our website www.studentlife.uni.edu. Questions? Please call 319.273.2683.

Name of Organization (as it appears in your constitution. Do not include UNI as a prefix, example UNI Skateboarding Club): ____________________________________________________________

Acronym(s) for your Organization (if applicable): ____________________________________________________________

Organization E-mail Address (if applicable): ________________________________________________________________

Organization Web Site Address (if applicable): ________________________________________________________________

Membership-Number of Members

Undergraduate Student Members: ________
Graduate Student Members: ________
Non-Student Members: ________
TOTAL NUMBER OF MEMBERS: ________

Officer Election/Selection Dates:
Fall ________
Spring ________

Organization Type: Please indicate if your organization can be classified as one of the following (Please circle all that apply):
Academic  Business  Education & Awareness  Fraternities & Sororities
Ethnic & Cultural  Event & Entertainment  Honor Societies  Language
Music  Service & Volunteering  Sports & Recreation  Theater & Arts
Politics & Activism  Publications & Media  Religion & Spirituality  Technology

Organization Accounts: Organizations may have non-campus bank accounts (ex. Veridian, Wells Fargo, etc.). Does your organization have a non-campus account: Yes____ No ____
If yes, please list the name of your non-campus financial institution: ______________________________________________

Organization Leadership: Please provide the following information regarding the student leaders of your organization.
The names of the President/chief officer and Treasurer/financial officer are required. (You may add an additional sheet if necessary.)

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<th>Role/Title (e.g. President)</th>
<th>Name</th>
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On behalf of the aforementioned organization, I confirm that the information on this form is correct to the best of my knowledge, and that I will keep the information updated with the Office of Student Life upon any changes.

Signature of Organization Leader (required): ____________________________ Date: __________________

(Please complete page 2)
Organization Advisors
Organizations are required to have a UNI Faculty/Staff Advisor. Please list your UNI Faculty/Staff Advisor:

Name:______________________________________________ Email address: __________________________________
Campus Address:___________________________________________ Campus Phone: ___________________________

Name:______________________________________________ Email address: __________________________________
Campus Address:___________________________________________ Campus Phone: ___________________________

Student organizations are initiated, developed and run by their student members. Advisors provide support and guidance, while students provide the leadership and initiative for programs, events and activities, and make decisions regarding the organization. Students manage the finances of the organization, including being the signatories on financial accounts. Advisors serve as an important resource for student organizations, providing the foundation for long-term stability, growth and development. The specific responsibilities of the advisor may vary depending upon the nature of the student organization. Each advisor’s personal style will also affect the degree of involvement he or she has with the group. It is important that the student organization’s leadership and the advisor work together to develop a mutually agreed upon understanding of the role and expectations of the advisor.

Clery Act Role and Responsibility

Due to the responsibilities involved in advising student organizations, advisors of student organizations are considered by law to be a Campus Security Authority (CSA) for the university. As a CSA, advisors have a legal obligation to file a report with the Chief of Police/Director of Public Safety of reported criminal activity using the Campus Security Authority Reporting Form. This is to ensure statistical inclusion of all crimes specified by the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (“Clery Act”) in the University’s Annual Security Report when those crimes occur on or near University Property, including on-campus property, property immediately adjacent to the campus, and off-campus property owned or controlled by the University.

The Campus Security Authority Reporting Form is available at the following link:

https://publicsafety.uni.edu/campus-security-authority

Faculty/staff members who serve as an advisor at any time during an academic year should enroll in the UNI eLearning CSA Training Course, available at the following link: https://elearning.uni.edu/. For more information regarding the roles and responsibilities of CSA’s, please contact the Department of Public Safety, 273-2712.

I agree to serve as the advisor of the organization identified on this registration form. I acknowledge that I have been informed that this role identifies me as a Campus Security Authority (CSA) for the duration of my service as an advisor to this organization, and that I have read the information above.

Advisor Signature:______________________________________________________ Date:________________________

Advisor Signature:______________________________________________________ Date:________________________