REGISTRATION APPLICATION FOR STUDENT ORGANIZATIONS

The Organization
Name of organization/club: _________________________________________________________

Status:
_____ New (Application for Recognition)
_____ Pre-existing (Application for active status)

Purpose of the organization: _______________________________________________________

Amount of fees/dues: $_______ per (select one) ___ Month ___ Semester ___ Year

Officers
All organizations are required to have at least one officer, who must be a full-time student in good academic, financial and disciplinary standing according to the standards set forth in the Student Handbook. Additional officers may be determined by the needs of the group. The officer’s listed below should be:

• The primary student leader (president, co-president, chair etc.)
• The treasurer (if the group will be handling any funds)
• Any additional officers indicated on the membership list. If any change of officers occurs during the year the group must notify the Associate Dean of the change in writing.

Leader(s)
Name: ___________________________ Title: __________________________
Student ID #: ____________________ Phone: _______________________
Name: ___________________________ Title: __________________________
Student ID #: ____________________ Phone: _______________________

Treasurer
Name: ___________________________ Title: __________________________
Student ID #: ____________________ Phone: _______________________

Other
Name: ___________________________ Title: __________________________
Student ID #: ____________________ Phone: _______________________
Name: ___________________________ Title: __________________________
Student ID #: ____________________ Phone: _______________________
Name: ___________________________ Title: __________________________
Student ID #: ____________________ Phone: _______________________
Name: ___________________________ Title: __________________________
Student ID #: ____________________ Phone: _______________________

**Advisor(s)**
The advisor(s) must be California Northstate College of Medicine faculty or staff.

Name: ___________________________  Department: ______________  Phone #: __________________
Name: ___________________________  Department: ______________  Phone #: __________________

**Mission Statement**
A copy of the organization’s mission statement must be on file with the Office of Student Affairs. Samples of mission statements can be obtained through this office for groups who need to create or amend a mission statement.

**Membership**
Please attach a list of members for the upcoming term. Indicate officer titles.

**Signatures**
All information on this form may be released to interested parties.

As the primary leader of this organization, I am a full-time student at California Northstate University College of Medicine in good academic, financial and disciplinary standing and will serve as the primary leader of this organization from _____________(month/year) to ___________(month/year). As the primary leader, I understand that I will be establishing and maintaining the standard of conduct for the organization during activities. I also understand that it is my responsibility to lead the organization, according to the stipulations of this document, the organization’s Mission Statement, and the policies outlined in the California Northstate College of Medicine Student Handbook.

_________________________  __________________
Officer’s Signature  Date

_________________________  __________________
Advisor’s Signature  Date

_________________________  __________________
Co-Advisor’s Signature  Date

**Please submit completed form and supporting documents to Kia Thow.**

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**Office of Student Affairs Use Only**

Approved___  Denied ___  ___________________________  __________________
Assistant Dean’s Signature  Date