

Date Filed: _____

California State University, East Bay – Student Life and Leadership Programs

2007/2008 Recognition Request Form

PLEASE READ THE INFORMATION BELOW COMPLETELY BEFORE SIGNING THE REVERSE

Recognition is granted from Fall Quarter 2007 through the third week of the Fall Quarter 2008. As officers of the organization, we agree individually and collectively to the following:

1. The rights to vote and hold office are restricted to matriculated, currently registered students of the University.
2. Membership in the organization will not be denied on the basis of race, religion, sex (except as permitted by law), age, physical disability or sexual orientation.
3. No member of the organization shall engage in any form of hazing defined as any activity expected of someone joining a group (or to maintain full status in a group) that humiliates, degrades, or risks emotional and/or physical harm, regardless of the person's willingness to participate.
4. The stated purposes of the organization are consistent with the educational mission of the University and the organization is non-profit.
5. The organization will comply with all applicable federal and State laws and policies of the California State University and CSUEB.
6. The individuals on the attached banking card have been authorized by the organization to have access to the organization's on-campus bank account.
7. The officers have been elected/appointed as outlined in the organization's constitution.
8. All amendments to the constitution will be submitted to Student Life and Leadership Programs within (10) working days of the change.
9. All new Officer Registration Packets will be submitted to Student Life and Leadership Programs within (10) working days of all elections and/or changes.
10. If the organization is affiliated with a national, state or regional organization, the current campus officers affirm compliance with the constitutions and by-laws of the parent organization.
11. All activities will be carried out in accordance with the organization's constitution, which is on file with Student Life and Leadership Programs.

SIGNATURE

POSITION

DATE

OFFICER CHANGE FORM

California State University, East Bay
Student Life and Leadership Programs
www.sa.csueastbay.edu/slif
(510) 885-3657; studentlife@csueastbay.edu

Organization (please print the complete name): _____

Type of Organization (check only one): Academic Cultural Greek Honor Society Recreational Religious Special Interest

Purpose of Organization: _____

Affiliations: This organization (is / is not) affiliated with a national, state or local organization.

Name of affiliate organization: _____ Phone: _____

If affiliated, a copy of the parent organization's constitution and bylaws must be on file with Student Life and Leadership Programs.

Number of active members: _____ Additional qualifications for membership, if any (e.g., G.P.A.) are: _____

Organization's Horizon Email Address: _____

The term of office for the persons listed below is valid through _____ unless Student Life and Leadership Programs is informed in writing of any changes/elections. **Signatures indicate assumption of responsibilities for compliance with statements above and the conditions listed on the reverse. All officers who have signed below have read and understand those statements, including full liability for all actions of the organization. The persons listed below are empowered by the members of the organizations to reserve facilities and initiate program requests on behalf of the organization and to commit the organization and the organization's resources through the period of time indicated by the term of office above. The primary contact authorizes Student Life Programs to disclose the contact information listed below.**

Primary Contact:

Name (print): _____ Office: _____ Signature: _____

Net ID#: _____ Address: _____ City: _____ Zip: _____

Note: ID number will not be released

Phone (day) _____ (eve) _____ Email Address: _____

Prefer to be contacted by email: Yes No

Other officers: (in addition to the primary contact – no need to list primary contact a second time). Please indicate in the space below whether Student Life and Leadership Programs can release your contact information. **Student Identification numbers will not be released.**

Office: _____ Name (print): _____ Signature: _____

Net ID: _____ Phone (day) _____ (eve) _____ Email: _____

Can contact info be released? Yes No

Office: _____ Name (print): _____ Signature: _____

Net ID: _____ Phone (day) _____ (eve) _____ Email: _____

Can contact info be released? Yes No

Office: _____ Name (print): _____ Signature: _____

Net ID: _____ Phone (day) _____ (eve) _____ Email: _____

Can contact info be released? Yes No

Office: _____ Name (print): _____ Signature: _____

Net ID: _____ Phone (day) _____ (eve) _____ Email: _____

Can contact info be released? Yes No

Agreement to serve as Advisor (All organizations are required to have a campus advisor; a co-advisor from off-campus is optional.)

I hereby agree to serve as an advisor to the above named organization during the term indicated. I realize the responsibility of my role as advisor and will work with the organization officers in maintaining University policies and procedures.

Campus Advisor: _____ Signature: _____

Dept. _____ Phone: _____ Email: _____

Co-Advisor: _____ Signature: _____

Address: _____ Phone: _____ Email: _____

Approved by: _____ Date logged: _____ Bank Card to ASI _____