

# ORGANIZATION REGISTRATION CARD Fall 20\_\_ Spring 20\_\_

\*\*TYPE OR PRINT IN INK ALL INFORMATION REQUESTED\*\*

Name of Organization \_\_\_\_\_ SLD Advisor \_\_\_\_\_  
Name

Affiliation with off-campus organization \_\_\_\_\_ CSULB Department Affiliation \_\_\_\_\_  
(if applicable) (if applicable)

Website \_\_\_\_\_ Org. Email Address \_\_\_\_\_ Please link Website to SLD Page (circle) Yes No

Faculty/Staff Advisor \_\_\_\_\_  
Name Dept. Office Location Email Ext.

**Please check the one category that best identifies your organization:**

Academic ( Indicate College Council \_\_\_\_\_)    
  Political/Social Action    
  Cultural    
  Religious    
  Special Interest    
  Honor/Recognition  
 Sorority/Fraternity ( Indicate Greek Council \_\_\_\_\_)    
  Departmental    
  Sports    
  Community Service    
  Career & Professional Development    
  Dance/Recreation

Meeting Location \_\_\_\_\_ Meeting Time(s) \_\_\_\_\_ Meeting Day(s) \_\_\_\_\_  
Number of active student members \_\_\_\_\_  
Number of non-student members \_\_\_\_\_

As a requirement for recognition, please list the president, treasurer, 2 officers, and 1 member or another officer. These 5 CSULB students must be matriculated and enrolled in a minimum of 6 undergraduate units or 3 graduate units and maintain a minimum cumulative GPA of 2.0. **Please initial the last column if you wish to allow the University to release your name, e-mail address and phone number as a contact person to interested students.**

Ofc Use Only Elig	Ofc Held	NAME (please print)	STUDENT ID#	ADDRESS/CITY/ZIP (please print)	EMAIL ADDRESS	PHONE	*Int.

REVISED August 2008

Term of all officers listed expires: (Month / Year) August 2009

(OVER)

**The purpose of this organization is:**

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**Please be specific in describing the purpose of your organization.**

I hereby certify that the student members of the above organization at California State University, Long Beach are free to choose and accept new members without discrimination on the basis of sex, race, religion, national origin, sexual orientation, ethnicity, color, age, marital status, citizenship, or disability. I am aware of Campus Regulations II on eligibility for undergraduate and graduate students to hold elected or appointed minor offices including those in campus organizations. All students holding office must have a 2.0 cumulative GPA, including transfers from another campus, and may not be on probation of any kind. Undergraduate students must be enrolled in a minimum of 6 units of academic credit and graduate students, 3 units. College council presidents are considered major officers and are subject to additional requirements. I have received a copy of the current CAMPUS REGULATIONS. I have read and understand the Constitution and Bylaws of this organization. I understand and agree to abide by the regulations contained therein.

- Our organization constitution and by-laws are on file in the Office of Student Life and Development and have been updated every five years.
- An officer will check the organization mailbox at least once a week.
- I will respond to University correspondence within 3 school days.
- If I indicated my organization wants a web link from the SLD website, my SLD advisor provided and reviewed the terms and conditions.

**My signature indicates adherence to the above statements.**

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Signature of President/Chairperson

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Date

**FACULTY/STAFF ADVISOR ACCEPTANCE OF RESPONSIBILITY**

California State University, Long Beach Office of Student Life and Development requires all registered student organizations to have a faculty/staff advisor. This advisor must be a faculty member or professional exempt employee of CSULB and is responsible for the following:

- To promote a closer relationship between and among students, faculty and staff.
- To provide assistance to students in setting goals and planning activities for the organization.
- To be available to meet regularly, as mutually determined, with a) executive officers, **or** b) members of the organization at their regular business meetings.

- I agree to serve as the advisor for the \_\_\_\_\_ academic year, and I intend to fulfill the above responsibilities to the best of my ability.
- I understand that as a faculty/staff advisor, I must be a faculty member or a professional exempt employee of CSULB.

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Signature of Faculty/Staff Advisor

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Date

**\*\*Student Life & Development Advisor signature required upon completion. Please arrange for an appointment at (562) 985-4181.**

I have reviewed this ORC with the president/chairperson/leader of this organization and have discussed the organization's recruitment and programming plans for the upcoming academic year.

**Constitution and Bylaws dated**

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Signature of SLD Director/Coordinator

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Date

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Month / Year