



CAMPUS ORGANIZATION REGISTRATION

Name of organization _____

Is your organization new or continuing? Was your organization registered under a different name in the past? Yes No

Previous name: _____

Officers/Representatives: Please read the information below and make sure you fully understand your responsibilities BEFORE signing this form.

Officers/Representatives listed are the **ONLY** individuals authorized to reserve facilities, request funds, make purchases and sign University documents for your organization. Each individual is personally responsible for the organization's fiscal matters, and is obligated to adhere to University and Campus Regulations regarding the operation of the campus organization. Failure to do so will result in possible revocation of campus organization status. If the organization's financial obligations cannot be satisfied from the group's OSL trustee account, individual officers/representatives may be billed through their BA/RC accounts. For these reasons, officers/representatives are urged to consult with the Office of Student Life before undertaking any expenditure of funds in their group's name. **Individuals signing this form give permission for their names, phone numbers, and e-mail addresses to be given out as contacts for their organization, including the world wide web. It is the organization's responsibility to keep information current.**

Three students, staff or faculty plus one faculty/staff advisor are required to register an organization. PRINT CLEARLY AND ENTER E-MAIL ADDRESSES ACCURATELY! OSL encourages using u-mail addresses for University business. You have the option of forwarding u-mail to your other e-mail addresses. OSL communicates to organization officers and advisors through e-mail.

1.	_____	_____	_____	_____	_____
	PRINT name	position held	signature	date	perm #
	_____	_____	_____	_____	_____
	address	city	zip	phone	e-mail
2.	_____	_____	_____	_____	_____
	PRINT name	position held	signature	date	perm#
	_____	_____	_____	_____	_____
	address	city	zip	phone	e-mail
3.	_____	_____	_____	_____	_____
	PRINT name	position held	signature	date	perm#
	_____	_____	_____	_____	_____
	address	city	zip	phone	e-mail
4.	_____	_____	_____	_____	_____
	PRINT name	position held	signature	date	perm#
	_____	_____	_____	_____	_____
	address	city	zip	phone	e-mail
**	_____	_____	_____	_____	_____
	Advisor--PRINT name	dept.	phone	e-mail	signature (required)

NOTE: The officers' names, phone numbers, and e-mail addresses will be available to the public through the OSL Organization Directory and Web Page

How many officer(s)/rep(s) must sign to approve your requisition?

One of above Two of above Three of Above Four of Above

Is your advisor counted as one of the authorized signers? Yes No

Is your advisor's signature *required* on your requisition? Yes No

Note: Please keep the Office of Student Life informed of changes in authorized officers/representatives, phone number, addresses, etc. *Page 1 of 2...* 07/09

Office Use Only: <input type="checkbox"/> Constitution on File Reviewed <input type="checkbox"/> New Constitution Attached	User Name _____	Password _____
Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Requisition Receipt #: _____	Receipt Date: _____	Copy: _____
Acct. #: 377- _____ Perm #: _____	Approved _____	Code _____

ORGANIZATION DIRECTORY AND ACTIVITY INFORMATION

Name of Organization _____

Please check in which category listing your organization should be.

- Academic/Honorary A.S. Career Community Service Cultural Ethnic Graduate/G.S.A. Health
 Fraternities/Sororities Ideological Political Recreational Religious Residence Hall Social Special Interest

Purpose of organization remains the **same as last year**.

Please give a statement of purpose for your organization (four lines of forty characters maximum)

Organizational Activities (attach extra paper if needed):

Activity

Purpose

STATEMENT OF NON-DISCRIMINATION

_____, in compliance with the University of California Nondiscrimination policy, does not discriminate on the basis of race, color, national origin, religion, sex, gender identity, pregnancy, disability, age, medical condition (cancer-related), ancestry, marital status, citizenship, sexual orientation, or status as a Vietnam-era veteran or special disabled veteran in any of its policies, procedures, or practices. This policy covers membership, access, treatment and employment in this organization's programs and activities.

Signature of Officer/Representative

Date

STATEMENT OF NON-HAZING

_____, in compliance with California Education Code §32050–§32052, and Campus Regulations 102.12, will not conspire to engage in hazing, participate in hazing, or commit any act that causes or is likely to cause bodily danger, physical harm, or personal degradation or disgrace resulting in physical or mental harm to any fellow student or person attending the institution.

Signature of Officer/Representative

Date

STATEMENT OF COMPLIANCE WITH CAMPUS REGULATIONS

_____ has received a url address of the *University of California Santa Barbara Campus Regulations Applying to Campus Activities, Organizations, and Students*. On behalf of this organization, we agree to comply with these and with all other applicable University and campus policies and regulations and local, state and federal laws.

Signature of Officer/Representative

Date

Comments:

Office of Student Life Staff

Date