

**OKLAHOMA STATE UNIVERSITY INSTITUTE OF TECHNOLOGY
STUDENT CLUB / ORGANIZATION
REGISTRATION FORM**

Name of Club / Organization _____
Date _____

Meetings: Location _____ Day _____ Time: _____

Officers: President _____ Email: _____
 Cell Phone: _____

 Vice President: _____ Email: _____
 Cell Phone: _____

 Secretary: _____ Email: _____
 Cell Phone: _____

 Treasurer: _____ Email: _____
 Cell Phone: _____

 SGA Representative _____ Email: _____
 Cell Phone: _____

Sponsor: Name: _____ Department: _____
 Position: _____ Email: _____
 Work Phone: _____ Cell Phone: _____

Co-Sponsor Name: _____ Department: _____
 Position: _____ Email: _____
 Work Phone: _____ Cell Phone: _____

Eligibility Requirements for Members: _____

Purpose of Club / Organization: _____