



# REPORT FORM FOR APPROVED STUDENT ORGANIZATIONS

A copy of the current constitution is required to be on file. All officers must be currently enrolled IPFW students. Violation of these requirements will result in recognition cancellation.

**Form must be legible to be accepted**

<p><b>Official Name of the Organization:</b></p> <hr/> <p>New Organization? _____ or _____ Re-registration?</p> <p>If registration and NAME is not exactly the same as previous registration, list previous name:</p> <hr/> <p>Is organization nationally affiliated? Yes _____ No _____</p>	<p>YEAR: _____ - _____</p> <p><b>Type of Organization:</b></p> <p>Departmental: _____ Social Greek: _____</p> <p>Honorary: _____ Level II _____</p> <p>Religious: _____ Level III _____</p> <p>Special Interest: _____</p> <hr/> <p><b>Student Life</b> Walb Union 115 • 260-481-6609</p> <p>Date Received: _____</p> <p>By: _____</p>
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**Note:** The information below will be available to the public in a variety of formats. Please complete fully. Purpose and membership requirements should match those items from the organization's constitution, which is not readily available to those inquiring.

PURPOSE AND GOALS OF ORGANIZATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEMBERSHIP REQUIREMENTS AND OBLIGATIONS (see Student Handbook, include dues, induction, expulsion): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ACTIVITIES AND EVENTS PLANNED FOR CURRENT YEAR: \_\_\_\_\_

\_\_\_\_\_

Primary contact for organization:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Alternate-Phone \_\_\_\_\_

E-mail: \_\_\_\_\_ Organization's e-mail: \_\_\_\_\_

Organization's Web site: \_\_\_\_\_

Organization's on-campus office (room, building): \_\_\_\_\_ Office phone: \_\_\_\_\_

**CURRENT OFFICERS (Should match names on reverse side) PLEASE PRINT**

President: \_\_\_\_\_ Vice President: \_\_\_\_\_

Treasurer: \_\_\_\_\_ Secretary: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_ Department: \_\_\_\_\_

The information on this page for use by IPFW staff only

The officers listed below ARE RESPONSIBLE for assisting newly elected officers in informing the Student Life office of changes in officers, i.e. RE-RECOGNITION the organization. The president and treasurer are required to attend the recognition workshop to complete this recognition process. The recognition will be revoked if the two officers or their representatives fail to attend the workshop.

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**All information must be legible**

**ORGANIZATION NAME:** \_\_\_\_\_

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**PRESIDENT or CHAIRPERSON** OR NAME of 1st OFFICER POSITION: \_\_\_\_\_

Name \_\_\_\_\_ Home Phone# \_\_\_\_\_

Student ID Number \_\_\_\_\_ E-mail address \_\_\_\_\_

Current street address and apt# \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Signature \_\_\_\_\_

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**VICE PRESIDENT or VICE CHAIRPERSON** OR NAME of 2ND OFFICER POSITION: \_\_\_\_\_

Name \_\_\_\_\_ Home Phone# \_\_\_\_\_

Student ID Number \_\_\_\_\_ E-mail address \_\_\_\_\_

Current street address and apt# \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Signature \_\_\_\_\_

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**TREASURER or FINANCIAL OFFICER** OR NAME of 3RD OFFICER POSITION: \_\_\_\_\_

Name \_\_\_\_\_ Home Phone# \_\_\_\_\_

Student ID Number \_\_\_\_\_ E-mail address \_\_\_\_\_

Current street address and apt# \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Signature \_\_\_\_\_

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**FACULTY ADVISOR**

Name \_\_\_\_\_ Position \_\_\_\_\_ E-Mail \_\_\_\_\_

Department \_\_\_\_\_ Bldg and Office Room Number \_\_\_\_\_ Officer Phone Number \_\_\_\_\_

Signature \_\_\_\_\_

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BURSAR: \_\_\_\_\_