ROCKHURST UNIVERSITY ORGANIZATION REGISTRATION FORM

_____ _____

Organization Name Moderator – campus address, phone, and email

_____ _____ _____

Elections # of members Meeting time/day/location

Type of Organization:

☐ Governing ☐ Religious ☐ Service ☐ Social ☐ Greek ☐ Musical ☐ Departmental

☐ Leadership/Honorary ☐ Athletic/ Recreational ☐ Special Interest specify _____ ☐ Other specify _____

Is Your Organization Affiliated with A National Organization?

☐ Yes ☐ NO

If Yes, please attach the following contact information: address, website, contact name, and email address

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OFFICERS	POSITION – list all officer positions	EMAIL	PHONE

General Membership		Email	Phone