

ORGANIZATION OFFICER ROSTER

STUDENT ORGANIZATIONS COMPLEX | DAVIES CENTER 132 | 715.836.4020



Complete and submit this roster the first Friday after classes resume in January, and the first Friday in May.

This form must be filled out completely, front and back, or it will not be accepted.

This information will be kept on file for several purposes including the following:

- To give credit to organization officers for their leadership positions
- To provide a central, current source of organization data that will assist in directing requests and inquiries
- To verify the organization is in good standing
- To ensure the organization may participate in the Blugold Organizations Bash

SHOULD THESE OFFICER TITLES NOT APPLY TO YOUR ORGANIZATION, CHANGE THEM AS APPROPRIATE. PLEASE TYPE OR PRINT

Organization Name _____

Web Site Address _____

President/Chairperson _____ E-MAIL ADDRESS _____

Vice President _____ E-MAIL ADDRESS _____

Treasurer _____ E-MAIL ADDRESS _____

Secretary _____ E-MAIL ADDRESS _____

Other _____ E-MAIL ADDRESS _____

Web Officer/Publisher _____ E-MAIL ADDRESS _____

Have you changed or amended your constitution within the last three years? Yes No

Does your organization understand that the use of organizational funds to purchase controlled substances is prohibited by UW-Eau Claire policy? Yes No

Does your organization understand that UW-Eau Claire policy requires all official organization meetings and events to be accessible to persons of all ages? Yes No

PLEASE SELECT THE MOST APPROPRIATE CLASSIFICATION FOR YOUR ORGANIZATION.

- CHECK ONLY ONE
- General Interest
 - Athletic Team/Sport Club
 - Service
 - Social Fraternity/Sorority
 - Departmental/Professional
 - Ethnic/Cultural
 - Religious
 - Honor Society
 - Campus Media
 - Performance

CONTINUED ON REVERSE >>

"I have consulted with the officers and/or members of this organization, am aware of their purpose, and agree to serve as their advisor, assuming such responsibilities as are stated in the *Student Services and Standards Handbook*."

SIGNATURE OF PRIMARY FACULTY/STAFF ADVISOR | DATE

TYPE OR PRINT NAME OF PRIMARY FACULTY/STAFF ADVISOR

PHONE AND E-MAIL ADDRESS

CAMPUS ADDRESS

TYPE OR PRINT NAME OF PRIMARY ADVISOR'S SUPERVISOR

Supervisor information is requested for the purposes of issuing acknowledgement letters to be placed in personnel files for liability protection from UW System.

SUPERVISOR'S E-MAIL ADDRESS

SUPERVISOR'S CAMPUS ADDRESS

COMPLETE CO-ADVISOR INFORMATION ONLY IF APPLICABLE

SIGNATURE OF CO-ADVISOR | DATE

TYPE OR PRINT NAME OF CO-ADVISOR

PHONE AND E-MAIL ADDRESS

CAMPUS ADDRESS

TYPE OR PRINT NAME OF CO-ADVISOR'S SUPERVISOR

Supervisor information is requested for the purposes of issuing acknowledgement letters to be placed in personnel files for liability protection from UW System.

SUPERVISOR'S E-MAIL ADDRESS

SUPERVISOR'S CAMPUS ADDRESS

NAME AND TITLE OF PERSON SUBMITTING OFFICER ROSTER

DATE SUBMITTED

FOR OFFI NLY

RECEIPT DATE

INPUT DATE

INITIALS