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

_____________________________________________________  SUPERVISOR’S E-MAIL ADDRESS
SUPERVISOR’S CAMPUS ADDRESS

COMPLETE CO-ADVISOR INFORMATION ONLY IF APPLICABLE

_____________________________________________________  TYPE OR PRINT NAME OF CO-ADVISOR
SIGNATURE OF CO-ADVISOR  DATE

_____________________________________________________  PHONE AND E-MAIL ADDRESS

_____________________________________________________  CAMPUS ADDRESS

_____________________________________________________  SUPERVISOR’S E-MAIL ADDRESS
SUPERVISOR’S CAMPUS ADDRESS

_____________________________________________________  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