

STUDENT SENATE ORGANIZATION APPLICATION FOR RECOGNITION

Revised 09/09

This Application Must be Completely Filled Out before it can be considered by the
S.O.A.R.C. Committee!

1. Organization name: _____

2. Membership:

Number of URI Undergraduate Student members _____

Number of Associate (faculty, graduate, staff, etc.) members _____

3. Does your organization have an office? () yes () no -- If "yes", where? _____

Does your organization have a phone? () yes () no -- If "yes", #? _____

4. Please give contact information for your organization:

Name of student contact person: _____

Contact phone number: _____

Contact Email address: _____

May we publish this contact information? () yes () no

5. Does your organization have an advisor? () yes () no

Please give contact information for your organization's Advisor:

Name of student contact person: _____

Contact phone number: _____

Contact Email address: _____

6. Please explain how your organization will uniquely benefit the URI Community. This will be used in publications if the organization receives recognition. Attach an additional sheet, if necessary

7. On a separate sheet of paper, please submit a TYPED list of names, e-mail addresses and phone numbers of all the organization's members. (This is EXTREMELY important; do not forget!!!)

8. Please list all of the officers, in accordance with your constitution (the model constitution provides for four **required** positions):

A.	Position held: <u>President</u>	Name: _____
	E-mail address: _____	
	Phone number: _____	

B.	Position held: <u>Treasurer</u>	Name: _____
	E-mail address: _____	
	Phone number: _____	

C.	Position held: _____	Name: _____
	E-mail address: _____	
	Phone number: _____	

D.	Position held: _____	Name: _____
	E-mail address: _____	
	Phone number: _____	

9. Certification: By signing this document, I certify that all of the information on this application is true and accurate to the best of my knowledge. If there is a change in any of the information provided, I understand that notification must be given to the SOARC chairperson within one week. Failure to report any changes may result in the suspension of recognition of this organization.

Preparer: _____ Phone #: _____ Date: _____

(please print)

Signature: _____ Email address: _____

(To be completed by SOARC):
SOARC Chairperson's Signature _____ Date Signed _____