

Greek Letter Organization Registration Form

University at Albany, Office of Student Involvement & Leadership, 2007-2008

PLEASE NOTE: An incomplete or inaccurate registration form will not be processed and will be returned to the person who did not fully complete the form. Therefore, before submitting the registration form, be sure that all information is complete and accurate. This completed registration form must be submitted to the Office of Student Involvement & Leadership, Campus Center 130, no later than **Friday, September 14, 2007 at 5 p.m.**

Basic Information

Name of Organization: _____

Council Affiliation: (circle one) IFC PHA NPHC LGC MGC

During what month do you hold executive board elections? _____

What is the total number of members in your chapter as of Fall 2007? _____

Chapter Information

Chapter Name: (e.g., Alpha Delta Chapter) _____

Chapter Mailing Address _____

City: _____ State: _____

Zip Code: _____

Chapter Funding Information

Does your chapter currently have an off- campus checking account: (circle one) YES NO

If yes, what is the name of the bank?

Chapter Website Information

Website URL Address: _____

Website Administrator Contact Information:

Name: _____

Email Address: _____

National Information

National Organization: _____

Website URL Address: _____

E-mail Address: _____

Phone Number: () _____ - _____

Mailing Address: _____

City: _____ State: _____

Zip Code: _____

General Liability Insurance Information (required)

Submit a current copy of your certificate of general liability insurance with this registration packet.

University at Albany Faculty/Staff Advisor Information

Name: _____

E-mail Address: _____

Phone Number: () _____ - _____

Mailing Address (Line 1): _____

Mailing Address (Line 2): _____

City: _____ State: _____

Zip Code: _____

Chapter Advisor Information

Name: _____

E-mail Address: _____

Phone Number: () _____ - _____

Mailing Address (Line 1): _____

City: _____ State: _____

Zip Code: _____

Educational Leadership Consultant Information

Name: _____

Title: _____

E-mail Address: _____

Phone Number: () _____ - _____

Mailing Address: _____

City: _____ State: _____

Zip Code: _____

Graduate Chapter/Alumni Advisor (If applicable)

Name: _____

Position Title: _____

E-mail Address: _____

Phone Number: () _____ - _____

Mailing Address (Line 1): _____

City: _____ State: _____

Zip Code: _____

Chapter Member Roster

You must provide a list of all executive board and active members in your chapter.

Required Information: Full name, Position in chapter, University ID, Pledge Class and Pledge Class Year, Class Status, Expected Graduation Date, Local Address, Phone number and position within chapter.

Examples:

Jennifer Brown
University ID - 00012345
Alpha Gamma Class, Spring 2003
Senior, expected Graduation Date: May 2005
Local Address: 100 Western Ave, Albany, NY 12208
Phone number: Cell, 315-555-2222
Position: President

Jane Smith
University ID -- 00098765
Alpha Delta Class, Fall 2003
Senior, Expected Graduation Date: May 2005
Local Address: Colonial Quad, Box Number 1234
Phone number: Cell, 212-555-2222, Room, 442-2222
Position: Active Member

Name of Person Completing Registration Form: _____

E-mail Address: _____

Current Position in Chapter: _____

Signature: _____

Office Use:

Received by: _____ **Date:** _____