STUDENT ASSOCIATION, UNIVERSITY AT ALBANY
Campus Center 116, 1400 Washington Ave, Albany, New York, 12222
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Phone: 518-442-5640 Fax: 518-442-5641

Student Group Registration 2011-2012

As the 2011-2012 academic year is approaching, it is important that your recognized student organization has all the necessary paperwork on file in the Student Association Office. The following information must be filed every year to ensure your recognition status and inclusion in the master list of Student Association recognized student organizations, and failure to do so may jeopardize your recognition status and/or Student Association correspondences.

Please complete this form and return it to the Student Association Office as quickly as possible. Without this form on file, your group will be ineligible to access your budget for the 2011-2012 academic year. While completing this form, please make sure that:

- ✓ all addresses, e-mail addresses and phone numbers are complete and accurate. Please do not tell us that your address is "Dutch Quad." If you live on campus please include your on-campus **mailbox number**.
- ✓ you provide a generic e-mail address for your group (i.e. mygroupname@whicheverprovider.com) which will serve as your group's primary contact point for all Student Association correspondences. It will be your responsibility - as a member of your group's Executive Board - to check this e-mail regularly, as per 104.1.2.1.1 in our bylaws.

Official Group Name: _____
Office Location (if applicable): _____
Office Phone Number (if applicable): _____

☐ Student Association Funded Group
our account number is: _____

☐ Student Association Agency Account
our account number is: _____

check one of the above

Group's e-mail address: _____

Please fill out the following section for the group's officers for the 2011-2012 academic year.

Name: _____ Position: **President**

Street Address: _____ Phone Number: _____

City, State, and Zip: _____ E-mail: _____

Name: _____ Position: **Vice President**

Street Address: _____ Phone Number: _____

City, State, and Zip: _____ E-mail: _____

Name: _____ Position: **Treasurer**

Street Address: _____ Phone Number: _____

City, State, and Zip: _____ E-mail: _____

Name: _____ Position: **Secretary**

Street Address: _____ Phone Number: _____

City, State, and Zip: _____ E-mail: _____

Please provide the printed name and signature for a specific contact person whose name we can release to the general public when others inquire about your group. If no contact person is indicated, your generic group e-mail address will be the only piece of information released. Please denote which information we may release by circling "phone only," "e-mail only" or "both phone and e-mail." Please note: **your signature denotes consent to release this information.**

Please release (circle one): phone only e-mail only both phone and e-mail

Name:_____ Signature:_____