

Student Group Registration Form 09-10

TO: All Group Leaders
FROM: Joshua Sussman, President
RE: Required Group Information for 2009-2010

As the academic year begins, it is important that your group has all necessary paperwork on file in the Student Association Office for the 2009-2010 academic year. There are some required forms that must be filed every year by each group to insure their recognition status and inclusion in the Student Association Group List. If you are uncertain if your form is on file please stop by to make sure. According to the Student Association Constitution, failure to complete the information may jeopardize your recognition status.

Please fill out this page completely and bring this form to the Administrative Assistant at the front desk. Without this form your group will be ineligible to gain funding for the 2009-2010 academic year. Please make sure that:

- ✓ All 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. If you do not know your Mailbox Number use your Permanent Address.
- ✓ Your folder on file at SA is complete with a permanent or unexpired temporary recognition form and constitution.

If all criteria are not met, a letter will be sent to the address listed for the President of the group. If your paperwork is not completed in 30 days after the beginning of the Fall 09 semester, your budget could be frozen until the matter is resolved. We appreciate your cooperation and if you need assistance, please do not hesitate to ask.

Official Group Name: _____

Please fill out the following section that is applicable to your group.

- If you are a Student Association Funded Group, your account number is: _____
- If you have a Student Association Agency Account, your account number is: _____

Office Location (if applicable): _____ Office Phone Number: _____

Please fill out the following section for the group's officers for the 2009-2010 school year. *If you have other Executive Board positions, please attach them on a separate sheet of paper including the same information as set up below.*

President

Name: _____ Albany ID: _____

Street Address: _____ Phone Number: _____

City, State, and Zip: _____ Email: _____

Vice President

Name: _____ Albany ID: _____

Street Address: _____ Phone Number: _____

City, State, and Zip: _____ Email: _____

Treasurer

Name: _____ Albany ID: _____

Street Address: _____ Phone Number: _____

City, State, and Zip: _____ Email: _____

Secretary

Name: _____ Albany ID: _____

Street Address: _____ Phone Number: _____

City, State, and Zip: _____ Email: _____

Please provide the printed name and signature for a contact person whose name we can release to the general public. Also, please indicate what information we may release: write "phone only", "email only", or "both" next to "please release_____". You may also provide an alternate phone number for release. If you choose to do so, please indicate that also. **Please note: Signature denotes consent to release the information.**

Name: _____

Signature: _____

Please release: _____

Alternate Phone Number (if applicable): _____

(SA Staff Initial) On File: Constitution _____

Recognition Form _____