| student organization application | | |
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| Applicant Information | | |
| NAME OF ORGANIZATION: | | |
| STATEMENT OF PURPOSE: | | |
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| OFFICERS/RESPONSIBLE STUDENTS | | |
| PRESIDENT: | | |
| ADDRESS: | | |
| PHONE: | EMAIL: | |
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| VICE PRESIDENT: | | |
| ADDRESS: | | |
| PHONE: | EMAIL: | |
|  | | |
| SECRETARY: | | |
| ADDRESS: | | |
| PHONE: | EMAIL: | |
|  | | |
| TREASURER: | | |
| ADDRESS: | | |
| PHONE: | EMAIL: | |
|  | | |
| ADVISOR: | | |
| ON CAMPUS ADDRESS: | | |
| PHONE: | EMAIL: | |
| membership requirements | | |
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| NUMBER OF MEMBERS (AT LEAST 85% STUDENTS): | | |
| FINANCES (IF ANY) | | |
| SOURCES OF INCOME (DUES, ETC.) | | |
| EXPENSES: | | |
| IF YOU ARE AN ATHLETIC CLUB, PLEASE ATTACH A ROSTER | | |
| IF YOU HAVE REGULARLY SCHEDULED MEETINGS, WHEN & WHERE ARE THEY HELD? | | |
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| ***PLEASE ATTACH A LIST OF PROPOSED PROJECTS OR EVENTS FOR THE COMING YEAR-GIVE AS MUCH INFORMATION AS POSSIBLE, I.E. PLAC E, TIME, ADMISSIONS, ETC.*** | | |
| This organization and its membership are familiar with Montana Tech regulations and Montana Law (refer to Montana Tech catalog and Club and Organization Procedures booklet) regarding student organizations and the use of facilities at Montana Tech, and will comply with these stated laws and regulations.  The organization affirms that, as one of the many student organizations at Montana Tech, it does not necessarily represent or speak for all Montana Tech students.  This organization and its membership affirms compliance with Montana Tech’s commitment to and practice of non-discrimination with regard to race, creed, color sex, natural origin, age, handicap and marital status.  The organization’s officers and members have read and understand Montana Tech’s Alcohol Policy and agree to abide by it.  A representative of this organization (preferably the president) and the advisor are required to attend a meeting with the Director of Student Activities. The time and place of this meeting will be arranged by the Student union Office. | | |
| Signatures | | |
| PRESIDENT: | | DATE: |
| **ADVISOR** | | |
| I wish to express my willingness to serve as a consultant/advisor and to attest to the accuracy of the information in the their application | | |
| ADVISOR: | | DATE: |

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| APPROVED | |
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| DIRECTOR OF THE STUDENT UNION | DATE |
|  | |
| PRESIDENT OF ASMT | DATE |