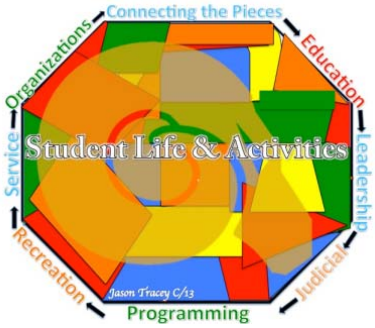
RECGONITION AND RENEWAL PACKET



Student Life and Activities

Division of Student Affairs
Office: New Student Center, Student Affairs Suite (Orange Zone)
Phone: 229.903.3606
Email: buildingrequest@asurams.edu

Due April 12, 2013 by 5PM

How do I renew my organization?
Renewing your organization is a two-step process and your organization only needs to renew **ONCE** a year at the end of the spring semester for the upcoming academic year. Completing this process will ensure that you your organization continues to receive the University benefits associated with being a registered student organization at Albany State University.

Step 1: Complete the Organization Update Form.
The first step to renew your organization is to complete the Organization Update Form for the 2013-2014 academic year.

Step 2: Attend mass organizational meeting and S.T. O. P. Sessions.
The second step to renew your organization is to attend a mass organization meeting at the beginning of the Fall semester. The Office of Student Life & Activities offers S.T.O.P. Sessions to registered student organizations once a month; **Attendance to ALL scheduled sessions are mandatory**. These information sessions will cover topics that will help your organization succeed on campus and give you the opportunity to meet other student leaders throughout the academic year.

Each organization must send a representative to all mandatory sessions in order to continue active status. Pre-registration is required for all members prior to attending the session. Attending a session without first pre-registering will result in no credit for the session being given. Pre-registering for a session and then not attending will also result in your organization not receiving credit for the session. **You may only receive credit for representing ONE organization per session.**

The 2013-2014 Mass Organization Meeting is as follows:

Wednesday, August 28, 2013	6 PM - 7 PM	New Student Center Ballroom
Wednesday, January 29, 2014	6PM-7PM	New Student Center Ballroom

The 2013-2014 S.T.O.P. Session dates are:

Wednesday, September 11, 2013	New Student Center Ballroom
Wednesday, October 9, 2013	New Student Center Ballroom
Wednesday, November 13, 2013	New Student Center Ballroom
Wednesday, February 12, 2014	New Student Center Ballroom
Wednesday, March 12, 2014	New Student Center Ballroom
Wednesday, April 9, 2014	New Student Center Ballroom
Wednesday, April 28, 2014	New Student Center Ballroom

This form is to be completed annually, but no later than **April 12, 2013** by all student organizations registered during the previous academic year. The organization's advisor must sign this form. Failure to complete this form will result in termination of the organization's registration. Please note that midyear changes in officers must be updated immediately with Student Life & Activities.

The following documentation **MUST** accompany this application:

- ☐ Type, print and submit the Club/Organization Renewal Packet including the following:
- ☐ Club/Organization Update/ Annual Renewal Application
- ☐ Club/Organization Officer Roster with student I.D (excel or word document)
- ☐ Club/Organization Member Roster with student I.D (excel or word document)
- ☐ Organization Agreement
- ☐ Advisor Agreement
- ☐ Hazing Statement
- ☐ Revised constitution or Bylaws (when applicable).
- ☐ Queen and King Profile Sheets

Should a recognized/registered club/organization fail to meet the requirements, their status as a registered/recognized club/organization will lose registered/recognized status. Only recognized/registered clubs/organizations are able to reserve meeting space, host events, operate in the name of the organization and ASU, etc.

PLEASE SUBMIT THIS FORM TO: Student Life & Activities via email to buildingrequest@asurams.edu or by visiting us in the Orange Zone of the New Student Center.

Annual Student Organization

Recognition & Renewal Application

1. **ORGANIZATION NAME**:
   _____

2. **Contact Person**:_____

   Cell Phone: _____E-mail: _____

3. **. Number of active members:** ___ less than 6 ___ 6-12 ___12-18 ___ 18+

4. **Meeting Schedule**:

   ❑ Weekly ❑ Monthly ❑ Bi-Weekly

   Day: _____ Time: _____ Location: _____

5. **Registration Type:**
   ___ **Recognition**
   ___Renewal
   ___ Officer Change (During Academic Year)
   ___ Ratification Date (current year of the constitution in place) _____
   ___ Are there any changes in the organization's constitution or Bylaws? v❑ Yes ❑ No (**If yes, please attach with this form**)

6. **Organization Category:**
   Choose 1 category that best describes your organization
   ❑ Academic / Pre-Professional ❑ Cultural / International
   ❑ Honorary ❑ Religious / Faith
   ❑Special Interest / Service ❑ Sports / Recreation

6. Is the organization affiliated with a national or local organization? ❑ Yes ❑ No (If yes, please attach contact information for each level. ie. Local, regional, state, national)

7. Does this organization charge membership dues? ❑ Yes ❑ No *If yes, what is the amount?* _____

8. Club/Organization Officer Roster with student I.D (excel or word document)

   a. Full Name, Ram ID, Classification, Major, Mailing Address, Email Address (asurams + an additional account) and signature of each member.

9. Club/Organization Member Roster with student I.D (excel or word document)
    a. Full Name, Ram ID, Classification, Major, Mailing Address, Email Address (ASURAMS + an additional account) and signature of each officer.

APPROVAL (for office use only)

Date Received by the Office of Student Life & Activities

_____

Complete Registration Packet submitted? Yes _____ No _____

❑ Application
❑ Advisor's Agreement
❑ Current Copy of Organization's Constitution or Bylaws

Action: ❑ Approved ❑ Not Approved

❑ Reason _____ _____

Campus Activities Coordinator: _____

Greek Affairs Coordinator (if applicable): _____

Director of Student Life and Activities: _____

ASU Student Organization

PLEASE READ THE INFORMATION BELOW COMPLETELY BEFORE SIGNING:

The organization listed requests recognition as a student organization at Albany State University for the upcoming academic year. When approved, recognition is granted through fall & spring semesters providing that the organization remains in good standing with the university.

As officers of the organization, we agree individually and collectively to ensure compliance with the following:

1. The stated purposes of the organization are consistent with the educational mission of the University and the organization is non-profit.

2. At the time of election or appointment and during term of office must have/maintain a cumulative GPA of 2.5 or higher. (Students in their first semester of enrollment at ASU are exempt from this requirement).

3. Membership Requirements: 2.0 or higher (with the exception of Greek Life (2.85) students in their first semester of enrollment at ASU are exempt from this requirement).

4. All Club/Organization members must provide their student ID number.

5. Membership in the organization will not be denied on the basis of race, religion, sex (except as permitted by law), age, physical disability or sexual orientation.

6. The rights to vote and hold office are restricted to matriculated, currently registered students of the University.

7. The officers have been elected/appointed as outlined in the organization's constitution.

8. All activities will be carried out in accordance with the organization's constitution which is on file with Student Life & Activities.

9. All amendments to the constitution will be submitted to Student Life & Activities within five (5) working days of the change.

10. If the organization is affiliated with a national, state or regional organization, the current campus officers affirm compliance with the constitution or bylaws of the parent organization.

11. No member of the organization shall engage in any way in hazing (i.e. commit any act that causes or is likely to cause bodily danger, physical or mental harm or personal degradation to any member of the University community).

12. All organizations are required to abide by all local, state, and federal laws as well as the Albany State University's Student Code of Conduct and University policies.

Student Organization Agreement

We certify that the information we have provided on this form is complete and accurate. We agree to keep all organizational records current and abide by all policies affecting student organizations. We also agree to update our forms if changes occur and file such changes with the Office for Campus Life and Leadership.

We acknowledge that the membership practices of this organization are in compliance with the laws associated with discrimination based upon race, color, national origin, sex, handicap, religion, gender, sexual orientation, disability, or identity as a disabled veteran. All ASU student organizations are open to all students. This does not apply to membership practices that are exempt under state or federal regulations.

The term of office for the persons listed below is valid through the academic year unless Student Life & Activities is informed in writing of any changes / elections. Signatures indicate assumption of responsibility for compliance with statements above and the conditions of recognition listed on the reverse. All officers who have signed below have read and understand those statements including full liability for all actions of the organization.

The persons listed below are empowered by the members of the organization to reserve facilities and initiate program requests on behalf of the organization and to commit the organization and the organization's resources through the period of time indicated by the term of office above.

Each organization must have at least three full-time officers that are not on academic/disciplinary probation.

Officer Contact Information

As currently registered ASU students, we support the formation of the organization listed above:

1. President _____Student ID: _____

Phone #_____E-mail _____ _____

Signature: _____ Permission to release information: Yes_____ No_____

2. Vice President _____Student ID: _____

Phone #_____E-mail _____ _____

Signature: _____Permission to release information: Yes_____ No_____

3. Secretary _____Student ID: _____

Phone #_____E-mail _____ _____

Signature: _____Permission to release information: Yes_____ No_____

4. Treasurer _____ Student ID: _____

Phone #_____E-mail _____ _____

Signature: _____Permission to release information: Yes_____ No_____

5. Additional Officer _____Student ID: _____

Phone #_____E-mail _____ _____

Signature: _____Permission to release information: Yes_____
No_____

6. Additional Officer _____Student ID: _____

Phone #_____E-mail _____ _____

Signature: _____Permission to release information: Yes_____ No_____

**Released directory information for your organization may be placed in school publications via website, email blasts, student handbook, etc.*

ASU Student Organization

Staff and Faculty Advisor
Annual Agreement

Albany State University

When securing an advisor for an organization, the group must submit a copy of this form signed by the faculty or staff member who will be the group's advisor. Advisors must re-confirm their advisory capacity annually during student organization re-registration at the start of each fall semester.

RESPONSIBILITIES

Student Organization Advisors perform two important roles.

1. First, the advisor helps an organization fulfill its mission and achieve its objectives for the year. Through coaching student leaders, the advisor can help a student organization clarify its vision, set goals for the semester, and accomplish those goals. The advisor will have an excellent opportunity to help students develop their effectiveness in leadership and management.

2. Second, the advisor can help to prevent problematic or undesirable situations that may arise by bringing these to the attention of Student Life & Activities. These situations typically fall into one of several areas:

    a. **Financial**: While advisors have no legal responsibility for debt incurred by a student organization, advisors are often the first to become aware of financial problems. Debt incurred should always be a concern and should be brought to the attention of Student Life & Activities.

    b. **Ineffectiveness**: Student organizations that don't meet regularly or do anything may need to be refocused or reorganized. Advisors can help intervene in these situations.

Advisors should familiarize themselves with the guidelines for student organizations which is published in the ASU Survival Guide.

Advisor:

_____

Name

_____ _____

Signature Date

Advisors Statement of Responsibility

Name of Organization_____

I hereby agree to be advisor for this organization. I understand that I am responsible in ensuring that the organization operates in accordance with the aforementioned guidelines, the Albany State University Student Code of Conduct, local, state, and Federal laws, and with good judgment and ethical decision-making. **I understand that as the advisor I am required to attend the mandatory advisor sessions each semester, and that failure to do so will result in revocation of the active status of the club/organization I advise.**

Primary Advisor:

_____

Print name of Faculty/Staff Advisor

Phone #_____ E-mail _____

_____ _____

Faculty/Staff Advisor's Signature Date

Permission to release information: Yes_____ No_____
*Released information for directory purposes
Please check one: ____ I served as this group's advisor last year
____ I am a new advisor to this group

Secondary Advisor:

_____

Secondary Advisor Print Name

Phone #_____ E-mail _____

_____ _____

Secondary Advisor Signature Date

Permission to release information: Yes_____ No___
*Released information for directory purposes

** Please attach for each additional advisor

Hazing Statement

Albany State University Student Organizations

Student organization are required to sign an annual agreement stating that they are aware of the laws concerning hazing and that they will review the following hazing policy with their members. No student organization shall allow any action or situation which recklessly or intentionally endangers the mental or physical health of a student or that involves the forced consumption of liquor or drugs for the purpose of initiation into affiliation with any organization.

Any student found in violation of this policy will be subject to disciplinary action which may include suspension from the University. Any staff or faculty member violating this policy will be subject to disciplinary action as well.

The above mentioned penalties for students, staff, and faculty will be in addition to any penalties under law or any other such law to which an individual may be subject. Student organizations that are found to have authorized any type of activities described above will have their rights to exist as a University approved organization revoked.

Students having knowledge of a hazing incident are honor bound to report the infraction to University authorities. Students having knowledge of a hazing incident that do not report it may be subject to University disciplinary action.

Each organization is required to review this policy with the membership annually.

Georgia Hazing Law:

http://www.stophazing.org/laws/ga_law.htm

I have read the above policy. I will abide by the policy. I will review the above outlined Hazing Policy with the organization that I lead before the end of the semester.

Name of Organization: _____

President:

_____

Print name

_____ _____

Signature Date

Advisor:

_____

Print Name

_____ _____

Signature Date

Community Service Confirmation Form

Total number of hours worked: _____
Dates when hours were completed (you may attach a calendar to this form):
_____
_____

Department or Organization where work was done: _____

Name of Supervisor:
_____
(please print)

Address: _____ Phone: _____
_____ Email: _____

Description of work done:
_____
_____
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_____

I hereby acknowledge that the work as described above has been satisfactorily and fully completed and that no monetary compensation was paid to
_____.
Name of Student (please print)

Name: _____ Title: _____
Supervisor (please print)

_____ _____
Supervisor's Signature Date

_____ _____
Student's Signature Date

Albany State University
Division of Student Affairs
Office of Student Life & Activities

CLUB/ORGANIZATION QUEEN PROFILE SHEET

Please type and complete all the information below.

_____
Name of Organization

Office Title: Miss _____

Queen's Name:		**Phone Number:**	
Classification:	**Major:**		**Minor:**
Parent's Name:			
Local Address:		**Email:**	
City	**State:**	**Zip Code:**	**Ram ID:**
Permanent Address:		**Phone Number:**	
City:	**State:**	**Zip Code:**	

Her Motto:

_____

_____

_____

Her future plans:

_____

_____

_____

_____

_____

_____

Her goals and objectives for the year:

_____

_____

_____

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_____

_____

Albany State University
Division of Student Affairs
Office of Student Life & Activities

CLUB/ORGANIZATION KING PROFILE SHEET

Please type and complete all the information below.

_____
Name of Organization

Office Title: Mr. _____

Queen's Name:		**Phone Number:**	
Classification:	**Major:**		**Minor:**
Parent's Name:			
Local Address:		**Email:**	
City	**State:**	**Zip Code:**	**Ram ID:**
Permanent Address:		**Phone Number:**	
City:	**State:**	**Zip Code:**	

His Motto:

_____

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His future plans:

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His goals and objectives for the year:

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