Governors State University
Student Club and Organization Renewal Form
2015-2016

Student Club/Organization Information

*Please print.

Name of club/organization: ________________________________________________

Purpose of club/organization: _____________________________________________

Classification (check one): ___ Professional  ___ Social  ___ Cultural  ___ Recreational  ___ Political
___ Honorary  ___ Other (please specify): ____________________________________________

Number of members:_____  Number of members who are GSU members: _____

Is the club/organization associated with a national organization? ______ yes  ______ no

If yes, state the national organization: ____________________________________________

Address: _____________________________________________________________________

Phone number: ___________________________ Web site: ____________________________

Student club/organization meetings are held: ___ monthly  ___ weekly  ___ other: _________________

Day: _______________  Time: _______________  Place: _____________________________________________________________________

Officer elections have been held on: _________________________________________________

Student Club/Organization Advisor and Officer Information

*Please print.

Faculty Advisor

Name: ________________________________________________________________

Department: ______________________________ Office Phone Number: (    ) ________-_______

Email Address: ________________________________@_________________________  ID#: __________

Mailing Address: ______________________________  City: ______________________________

State: ________  Zip: _________  Telephone Number: (    ) ________-_________
President
Name: ____________________________________________________________

_____ Undergraduate Student    _____ Graduate Student    Major: _______    College: _____________

Email Address: ___________________________________________________ ID#: _____________

Mailing Address: _________________________________________________ City: ________________

State: ___________    Zip: ___________    Telephone Number: (   ) __________- ____________

Vice President
Name: ____________________________________________________________

_____ Undergraduate Student    _____ Graduate Student    Major: _______    College: _____________

Email Address: ___________________________________________________ ID#: _____________

Mailing Address: _________________________________________________ City: ________________

State: ___________    Zip: ___________    Telephone Number: (   ) __________- ____________

Secretary
Name: ____________________________________________________________

_____ Undergraduate Student    _____ Graduate Student    Major: _______    College: _____________

Email Address: ___________________________________________________ ID#: _____________

Mailing Address: _________________________________________________ City: ________________

State: ___________    Zip: ___________    Telephone Number: (   ) __________- ____________

Treasurer
Name: ____________________________________________________________

_____ Undergraduate Student    _____ Graduate Student    Major: _______    College: _____________

Email Address: ___________________________________________________ ID#: _____________

Mailing Address: _________________________________________________ City: ________________

State: ___________    Zip: ___________    Telephone Number: (   ) __________- ____________
Activities Chair

Name: ____________________________________________________________

_____ Undergraduate Student     _____ Graduate Student    Major: _______ College: ________________

Email Address: ______________________________________________________ @ _________________  ID#: ________________

Mailing Address: ____________________________________________________  City: _________________________

State: ___________    Zip: ___________    Telephone Number: (  ) __________ - ___________

Chief Information Officer

Name: ____________________________________________________________

_____ Undergraduate Student     _____ Graduate Student    Major: _______ College: ________________

Email Address: ______________________________________________________ @ _________________  ID#: ________________

Mailing Address: ____________________________________________________  City: _________________________

State: ___________    Zip: ___________    Telephone Number: (  ) __________ - ___________

6/8/15