

FSU Panama City Recognized Student Organization Application

Name of Organization: _____

Current Term: Fall Spring Summer A/B Year: _____

Type of Recognition: New Renewal Reactivation

Recognition Checklist

The organization's recognition status will be approved only when all required documents have been submitted in completion and an email confirmation of recognition from the Student Government Council has been received by the organization's President and Advisor. Include all of the following items, printed and signed as appropriate, and turn in to the Student Government Council in Barron Building room 309:

- Recognition Application
- Constitution (local)
 - o Include Bylaws if the organization has drafted and/or updated them
- Constitution and Bylaws (national, if applicable)
- RSO Advisor Agreement
- RSO Officer Agreement
- RSO Membership Agreement

Organization Information

Type of Organization (select one):

- | | | |
|------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Leadership | <input type="checkbox"/> Social |
| <input type="checkbox"/> Cultural | <input type="checkbox"/> Professional | <input type="checkbox"/> Special Interest |
| <input type="checkbox"/> Fraternal | <input type="checkbox"/> Recreational | <input type="checkbox"/> Spiritual |
| <input type="checkbox"/> Honorary | <input type="checkbox"/> Service | <input type="checkbox"/> Other _____ |

Organization Affiliation (select one): Campus Local State National

Mission of the Organization:

Alternative Names the Organization Utilizes (for example, abbreviations):

Meetings and Events

When does the Organization host member meetings?

Day: _____ Time: _____

Location: _____

Frequency: Weekly Bi-Weekly Monthly Other: _____

Date of the Organization's first member meeting: _____

Please describe any regularly or annually occurring activities, programs, or events hosted by the Organization, including proposed date(s) (month and year if specific date is not determined):

Please notify the SGC should regular member meetings change in order to keep the RSO calendar updated with relevant information.

Officers

Please list all current officers. This list must be updated with the SGC if and when changes occur.

President

Name: _____

Phone Number: _____ Email: _____

Institution: FSU Panama City Gulf Coast State College

Vice President

Name: _____

Phone Number: _____ Email: _____

Institution: FSU Panama City Gulf Coast State College

Treasurer

Name: _____

Phone Number: _____ Email: _____

Institution: FSU Panama City Gulf Coast State College

Other: _____

Name: _____

Phone Number: _____ Email: _____

Institution: FSU Panama City Gulf Coast State College

Advisor

Name: _____

Phone Number: _____ Email: _____

Office Location: _____ Department: _____

Signature

By signing this application, I agree that the above information is complete and accurate to the best of my knowledge. I agree that I will inform the Student Government Council should any changes occur prior to the next recognition period.

President or Designee Signature: _____

President or Designee Printed Name: _____

Date: _____