



# Student Organization Re-Registration Form

Office of Campus Life

Station 39 | 1500 S Ave K | Portales, NM 88130

Phone: 575.562.2108

A registered student organization is responsible for updating the Office of Campus Life of any changes in officers within 10 University working days from the day in which the change occurs. This form should be completed as a part of registration. All registration materials should be completed and submitted to Office of Campus Life, Campus Union (CUB), Room 104, Station 39, 575.562.2108.

**Student organization name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please complete the following by typing or printing clearly. If you need additional space, please follow the same format on a separate sheet of paper.

## President (required)

**Office held:** President **Email:** \_\_\_\_\_

**Local address:** \_\_\_\_\_  
Street City State ZIP

**Local phone number:** \_\_\_\_\_ **Permanent phone number:** \_\_\_\_\_

**Permanent address:** \_\_\_\_\_  
Street City State ZIP

\_\_\_\_\_  
President's name President's signature Date

## Treasurer (required)

**Office held:** Treasurer **Email:** \_\_\_\_\_

**Local address:** \_\_\_\_\_  
Street City State ZIP

**Local phone number:** \_\_\_\_\_ **Permanent phone number:** \_\_\_\_\_

**Permanent address:** \_\_\_\_\_  
Street City State ZIP

\_\_\_\_\_  
Treasurer's name Treasurer's signature Date

## Vice President

**Office held:** Vice President **Email:** \_\_\_\_\_

**Local address:** \_\_\_\_\_  
Street City State ZIP

**Local phone number:** \_\_\_\_\_ **Permanent phone number:** \_\_\_\_\_

**Permanent address:** \_\_\_\_\_  
Street City State ZIP

\_\_\_\_\_  
Vice President's name Vice Presidents signature Date

## Secretary

**Office held:** Secretary **Email:** \_\_\_\_\_

**Local address:** \_\_\_\_\_  
Street City State ZIP

**Local phone number:** \_\_\_\_\_ **Permanent phone number:** \_\_\_\_\_

**Permanent address:** \_\_\_\_\_  
Street City State ZIP

\_\_\_\_\_  
Secretary's name Secretary's signature Date

## For Office Use Only

**Update student organization email:** \_\_\_\_\_ **Email thank you:** \_\_\_\_\_

**Update spreadsheet:** \_\_\_\_\_ **Update website:** \_\_\_\_\_



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## Faculty/Staff Advisers for Registered Student Organizations

Advisers are full-time Eastern New Mexico University employees who want to make an additional contribution to the greater campus community. They are central actors and keys to organizational success. Please submit any adviser changes (update from group and resignation letter from adviser) within 10 working days to the Office of Campus Life, Campus Union (CUB), Room, 104, Station 39, 575.562.2108.

## Recommendations

- Ensure that the registered student organization follows guidelines for registered student organizations including University policies and procedures stated in the ENMU Student Handbook, departmental and national policies and procedures, and local, state and federal laws.
- Ensure that the registered student organization works toward its designated purpose and follows its constitution and by-laws.
- Ensure that the membership recruitment, intake, and orientation of the registered student organization are in accordance with all University, department and national policies and procedures, and local, state, and federal laws.
- Monitor financial accounts of the registered student organization involving University funds and be aware of appropriate procedures to access the financial resources.
- Serve as a knowledgeable campus and community referral and resource for the registered student organization and its officers.

## Full-time Faculty/Staff Adviser

Student organization name: \_\_\_\_\_

Name: \_\_\_\_\_ Office phone number: \_\_\_\_\_

Department: \_\_\_\_\_ Office station number: \_\_\_\_\_

Email: \_\_\_\_\_  Faculty  Staff

Adviser signature \_\_\_\_\_

Date \_\_\_\_\_

## Additional Adviser/Coach (Optional, has no signature authority)

Student organization name: \_\_\_\_\_

Name: \_\_\_\_\_ Office phone number: \_\_\_\_\_

Department: \_\_\_\_\_ Office station number: \_\_\_\_\_

Email: \_\_\_\_\_  Faculty  Staff

Adviser signature \_\_\_\_\_

Date \_\_\_\_\_



