

Faculty/Staff Advisor: _____ Ext. #: _____

E-mail Address: _____ Advisor's Department: _____

On-Campus Address: _____

Organization Financial Information

On-Campus Account Number: _____

Off-Campus Account Location (if applicable): _____

Off-Campus Account Number (if applicable): _____

Off-Campus Account Name (if applicable): _____

I am aware of the financial status of the above listed organization. I have reviewed their financial records, for on and off-campus accounts, and attest that those records are in good order.

Advisor's Signature

Date

_____ My organization would like a mailbox in the McMahon Centennial Complex

_____ My organization would like a storage locker in the McMahon Centennial Complex

Additional Required Materials:

***List of all members and their Student ID numbers**

***Current constitution**

***Organization mission statement (if not found in the constitution)**

**All information must be submitted to the
Student Activities Office before Friday, September 16 by 4pm.**