



Graduate Student Organization Registration Form

Please Check one:

Registration Renewal _____ (year)
 Initial Registration

Name of Organization: _____ Organization Phone # _____

Organization Mailing Address _____
 _____ City _____ State _____ Zip _____

Statement of Purpose: _____

| Position | Name | Email Address | Local Address | Phone | Program |
|----------------|------|---------------|---------------|-------|---------|
| President | | | | | |
| Vice President | | | | | |
| Secretary | | | | | |
| Treasurer | | | | | |
| Advisor | | | | | |

My signature indicates that I am aware of and agree to abide by GSA policies, the Student Conduct Code, and all other UMBC rules & procedures

Signatures (w/date): _____ Date of next Elections: _____

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

Note: For initial registration, please attach a list of members (at least five are required) and a signed statement by a faculty/staff member agreeing to serve as an advisor.

