

Briar Cliff University Organization Recognition Form

Please complete this form accurately and completely, as this will be the utilized as record of you organization. Please return this form and all required documents to the Director of Student Activities.

Please type or print neatly.

Name of Organization: _____

***Please attach the Mission Statement of the Organization (required).**

****Please attach a current constitution (if applicable) OR statement of organizational procedures.**

Process for membership in organization: _____

Organizational Structure

Title	Officers	Name
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____

Committees (if applicable)

Title

Purpose

_____	_____
_____	_____
_____	_____

Current Members (cell #'s not required)

Name	Cell #	Name	Cell #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Relationship to non-Briar Cliff University Organizations (if applicable): _____
