The University of Texas Southwestern Medical Center
Bryan Williams, M.D. Student Center
STUDENT ORGANIZATION REGISTRATION FORM

2007-2008

ORGANIZATION: _____

OFFICERS: NAME PHONE Box/Mail Code EMAIL ADDRESS

PRESIDENT: _____

VICE PRESIDENT: _____
PLEASE PROVIDE ANY ADDITIONAL OFFICERS ON THE BACK:

FACULTY SPONSOR: (not required, but list if you have one) _____

MISSION/ PURPOSE: Please define your organization and it's goals.

LIST ALL AFFILIATIONS TO NATIONAL, STATE, REGIONAL, COMMUNITY OR ACADEMIC DEPARTMENTS:

LIST ALL SOURCES OF FUNDING (include dues, money from national chapters, and fundraisers that you are planning):

MEMBERSHIP: List the estimated number of members in your organization.

Students:
Faculty:
Staff:
Residents:

I have received a copy of the Handbook for Registered Student Organizations and agree that my organization will comply with all University Policies.

_____
Authorized Representative's Signature Date