



# SUL ROSS STATE UNIVERSITY

*A Member of the Texas State University System*

ALPINE, TEXAS 79832

## Annual Student Organization Registration Instructions 2018-2019

With few exceptions state law gives you the right to request, receive, review and correct information about yourself collected on this form.

Campus Activities  
Box C-190  
(432) 837-8191  
FAX (432) 837-8192

### Step 1.

Open pdf document and fill in all required fields including A numbers and contact information. **Please make sure all information is complete and correct. Handwritten forms will not be accepted!**

*Preparers' initials* \_\_\_\_\_

### Step 2.

Print out document and sign all required pages. The student organization's President and Advisor's signature are required on all forms except, the membership list.

*Preparers' initials* \_\_\_\_\_

### Step 3.

Please paperclip forms together and return to Campus Activities by September 15th, 2017.

*Preparers' initials* \_\_\_\_\_

### Note!

Effective September 1, 2007, the 80th Texas Legislature enacted HB 2639/SB 1138 (Texas Education Code Section 51.9361) regarding risk management education for members and advisors of student organizations registered at postsecondary educational institutions. Under the law, it is **mandatory** for representatives of registered student organizations and individuals selected by the university to **complete a risk management educational program.**

In order for student organizations to maintain their registration status their advisor and at least one officer must attend an annual risk management workshop. Workshop date and times will be announced during the Fall semester.



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Organization Name  Organization Mailing Address

Regular Meeting Location  Regular Meeting Day, Time  Reservation Form Submitted

Classification: Club Sports    Departmental    Honor (meeting)    Honor(non-meeting)    Leadership    Religious    Special Interest

Office	Printed Name	"A" ID Number	Sul Ross Email Address	Sul Ross Mailing Address	Phone Number
President*					
Vice-President					
Secretary					
Treasurer					
Primary Advisor*					
Secondary Advisor					

Required GPA for Members  Required GPA for Officers (University minimum 2.0)

Statement of Purpose:

By our signatures below, we request the renewal of our status as an officially registered Sul Ross State University Organization. We have received and read the Student Organization Handbook, and agree to abide by the rules and regulations it contains. We do not have an off-campus bank account. Changes in officers, membership, constitution, and/or statement of purpose will be reported to the Campus Activities Office in writing as they occur.

\_\_\_\_\_  
Signature of Organization President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Campus Activities Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Primary Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received Campus Activities

\_\_\_\_\_  
Date

\*Required Information



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## Annual Student Organization Membership List 2018-2019

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Organization Name  Organizations are required to have a minimum of 3 members to register.

Name	"A" ID Number	Sul Ross Email Address	Phone



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## Agency Account Agreement 2018-2019

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Campus Activities  
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(432) 837-8191  
FAX (432) 837-8192

Account Title (Organization Name)

Account Number (to be filled out by controller) \_\_\_\_\_

Nature of Account: Club Account

Registered Campus Organizations: Please submit the printed name and signatures of at least one advisor and one student officer who are authorized to request and approve checks. Check requests by anyone other than those listed below will not be honored.

	Printed Name	Signature
Primary Advisor*		
Secondary Advisor (optional)		
Student Officer*		
Alt. Student Officer (optional)		

Organizations must be currently designated "Active" (or "Non-Meeting" for honor societies) in the Campus Activities Office before they will have access to their accounts. Organizations that have not completed the required forms for registration each year will be denied access to their accounts.

When requesting funds, at least two signatures are required, one of which must be the advisor.

### DISPOSITION OF DORMANT ACCOUNT:

I understand that in the event that this account shall remain dormant for a full fiscal year (September 1 through August 31), the balance of the account may escheat to the university's general scholarship fund.

\_\_\_\_\_  
Signature of Organization President\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Campus Activities Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Primary Advisor\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Controller's Office Approval

\_\_\_\_\_  
Date

\*Required Information



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## Agency Account Use Guidelines 2018-2019

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Following are the guidelines set out by the Controller's Office for access to funds in University Agency Accounts. This form must be read and signed by the organization's president and advisor, and must be submitted with the completed Agency Account Agreement. A new Use Guidelines form must be completed if the signatories of the agreement change.

1. To access funds through a check request or purchase order, your organization must be active and have completed all registration paperwork through the Campus Activities Office.
2. At least two signatures are required on all check requests or purchase orders - at least one advisor and one authorized student officer. If additional signatures are required by the organization or department, they must also be present.
3. Check requests must be in the Controller's Office a minimum of one week prior to the date the check is needed. The Controller's Office will not be held responsible for rush turnarounds on check requests.
4. If the check request or purchase order is for a new vendor, or if you are not sure whether or not the vendor is in our system, be sure to include the following information:
  - a. Federal ID Number or Social Security Number
  - b. Complete mailing address
5. If the check request is incomplete, it will be returned to the organization for completion.

Organization Name\*

Organization President\*

Primary Advisor\*

My signature below certifies that I have read, understand, and will abide by the guidelines set forth above for access to our organization's agency account.

\_\_\_\_\_  
Signature of Organization President\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Campus Activities Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Primary Advisor\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Controller's Office Approval

\_\_\_\_\_  
Date

\*Required Information