



MCG STUDENT ORGANIZATION
REGISTRATION FORM
2008-09

NAME OF ORGANIZATION _____

PURPOSE OF ORGANIZATION _____

FACULTY ADVISOR _____ CAMPUS EXTENSION _____

FACULTY ADVISOR MCG EMAIL: _____

STUDENT CONTACT _____

TELEPHONE NUMBER _____

MCG EMAIL: _____

FEES OR DUES FOR MEMBERSHIP _____

EXPLANATION OF ANY EXTRA CAMPUS AFFILIATIONS _____

LOCATION OF MEETINGS _____ TIME _____

NUMBER OF CURRENT STUDENT MEMBERS _____

WOULD THE ORGANIZATION LIKE A CAMPUS MAILBOX IN THE STUDENT CENTER?
(Note: Only the first 36 registered organizations will be assigned a mailbox) YES NO

NAMES/EMAIL ADDRESSES OF ADDITIONAL SPOKESPERSONS/OFFICERS

NAME _____ MCG EMAIL: _____

NAME _____ MCG EMAIL: _____

NAME _____ MCG EMAIL: _____

NAME _____ MCG EMAIL: _____

FACULTY ADVISOR'S SIGNATURE

Membership in student organizations is open to MCG Students, Postdoctoral Fellows, House Staff/Residents and Clinical Fellows.

For Office Use Only:

Registration: Constitution: Bylaws: CLS Director: _____