



MCG ORGANIZATION REGISTRATION FORM

STUDENT ORGANIZATION

CAMPUS ORGANIZATION

NAME OF ORGANIZATION _____

PURPOSE OF ORGANIZATION _____

FEES OR DUES FOR MEMBERSHIP _____

WILL YOUR ORGANIZATION BE DOING ANY FUNDRAISING? IF SO, PLEASE LIST THE
EVENTS. _____

EXPLANATION OF ANY EXTRA CAMPUS AFFILIATIONS _____

LOCATION OF MEETINGS _____ DAY/TIME _____

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

NUMBER OF CURRENT STUDENT MEMBERS _____

NAMES/EMAIL ADDRESSES OF ADDITIONAL SPOKESPERSONS/OFFICERS

NAME _____ MCG EMAIL: _____

NAME _____ MCG EMAIL: _____

NAME _____ MCG EMAIL: _____

NAME _____ MCG EMAIL: _____

SIGNATURE (per completing form)

STUDENT ORGANIZATION: MUST COMPLETE THIS SECTION

FACULTY ADVISOR _____ CAMPUS EXTENSION _____

FACULTY ADVISOR MCG EMAIL _____

STUDENT CONTACT _____ MCG EMAIL _____

TELEPHONE NUMBER _____

FACULTY ADVISOR'S SIGNATURE

*Membership in student organizations is open to **MCG students, Postdoctoral Fellows, Housestaff/Residents and Clinical Fellows.***

*Membership in campus organizations is open to **MCG students, Postdoctoral Fellows, Housestaff/Residents, Clinical Fellows, Faculty and Staff.***

For Office Use Only:

Registration: Constitution: Bylaws: CLS Director: _____