



## Organization Update Form

Office of Student Activities  
 Belmont Abbey College  
 204 Student Commons  
 704-461-6780  
 patrickmott@bac.edu

Received: \_\_\_\_\_

### Organization Information

Name of the Organization: \_\_\_\_\_

Contact E-mail Address: \_\_\_\_\_

Organization Website: \_\_\_\_\_

Type of Organization: (circle one)

- |                    |                     |           |          |        |
|--------------------|---------------------|-----------|----------|--------|
| Advocacy/Awareness | Academic            | Arts      | Cultural | Greek  |
| Honor Society      | Law/Political       | Religious | Service  | Social |
| Sports             | Student Publication |           |          |        |

Please provide a one-sentence description of the organization and its purpose on campus:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated Size of General Membership: \_\_\_\_\_

Regular Meeting Time/Location: \_\_\_\_\_

Officer Election Held: (circle one) **Fall**    **Spring**                      Election Month: \_\_\_\_\_

### Officers

**Student Organization Officer Eligibility Requirements:** *Students must be in good standing with the College and have at least a 2.2 cumulative GPA. Students must meet all other reasonable academic standards established by the student organization and included in the organization's constitution and/or bylaws.*

Name	Position	E-mail	Phone
	<i>President</i>		
	<i>Vice President</i>		
	<i>Secretary</i>		
	<i>Treasurer</i>		



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### President

President's Full Name: \_\_\_\_\_

President's Campus/Local Address: \_\_\_\_\_

President's Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_@abbey.bac.edu

*I hereby certify that all the information on this form is accurate and up-to-date and that this organization is active and conduct its affairs in accordance with all applicable laws and College policies.*

President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Advisor Info

Advisor's Name: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

College Department: \_\_\_\_\_

Campus Address: \_\_\_\_\_ E-mail: \_\_\_\_\_@bac.edu

*By signing this agreement, the BAC faculty/staff member certifies that he/she will fulfill the duties of a registered student organization advisor to the best of his/her ability and that he/she has read, understands and agrees to advise the organization to act in accordance with all applicable College policies and procedures.*

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Form Submission

Submit the completed Organization Registration Update Form to the Office of Student Activities with the following attachments:

1. Current Constitution & Bylaws (if changed)
2. Membership Roster