

**EASTERN NEW MEXICO UNIVERSITY – ROSWELL
ORGANIZATIONAL APPLICATION FORM**

Request: Chartering
 Rechartering
 Temporary

ENMU-R 001 Office Use Only Date Rcv'd _____ Approved / Denied Effective Through _____
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NAME OF ORGANIZATION: _____
 (Club types are: Social, Special Interest, Honorary, etc.)

PURPOSE OF THE ORGANIZATION: _____

GOALS OF THE ORGANIZATION: _____

FUND RAISING: Will your organization be raising funds? YES NO

If so, how will the funds be used? _____

Club constitution has been submitted to the College Development Office?

YES NO Approved? YES NO Date: _____

When will your meetings be held? _____

Time: _____ Place: _____

Dues Collected? YES NO How Often? _____

When will your next election of offices be held? _____

The club shall consist of a minimum of (8) members:

OFFICERS	NAME	ADDRESS	PHONE
President			
Vice President			
Secretary			
Treasurer			
Other			
Faculty/Staff Advisor			
Member			
Member			
Member			
Member			