

REGISTRATION FOR INDEPENDENT STUDENT ORGANIZATIONS

University of Hawai`i- West O`ahu

(Type or print CLEARLY)

Name of Organization: _____

If this organization has been previously registered under another name(s), please list other name(s):

Purpose of Organization: _____

Communications and Social Media

Website: _____

Organizational Email: _____

Facebook page: _____

Instagram: _____

Twitter: _____

Other: _____

Other: _____

Other: _____

Constitution and/or By-laws

If your club was in existence last academic year, have there been changes in the Constitution and/or By-laws? ___ YES ___ NO

- If YES, please attach your current Constitution and Bylaws, highlighting any amended sections since your last registration.

If your organization is new, please attach the Constitution and By-laws.

Six (6) RISO's Officers

List the organization's officers, members and faculty advisor(s). Registered Independent Student Organizations (RISOs) must have at least six members who are currently enrolled students. No more than 25% of the RISO's membership may be non-students. Officers must be currently enrolled students at UHWO.

President

Name: _____

Email: _____@hawaii.edu

Ph: _____

Vice-President

Name: _____

Email: _____@hawaii.edu

Ph: _____

Secretary

Treasurer

Name: _____

Name: _____

Email: _____@hawaii.edu

Email: _____@hawaii.edu

Ph: _____

Ph: _____

Member

Member

Name: _____

Name: _____

Email: _____@hawaii.edu

Email: _____@hawaii.edu

Ph: _____

Ph: _____

Faculty Advisor

Name: _____ Email: _____@hawaii.edu

Ph: _____

Acknowledgement and Agreement

Our organization agrees to follow all rules and regulations as stated in the Registered Independent Student Organizations Handbook and any other applicable University policies and procedures.

I certify that (name of RISO) _____ complies with federal and state laws which prohibit discrimination in University programs and activities, including but not limited to the following laws: Title VI of the Civil Rights Act of 1964, as amended (race, color, national origin); Age Discrimination Act of 1975 (age); Title VIII of the Public Health Service Act, as amended (sex); Title IX of the Education Amendments of 1972 (sex, blindness, severely impaired vision); and Section 504 of the Rehabilitation Act of 1973 (disability); Americans with Disabilities Act.

President's Signature: _____ Date: _____

Faculty Advisor's Signature: _____ Date: _____

RISO's Main Contact Person(s)

Two members should be designated as the official contacts for your RISO. Of those members listed on the front of this form, **the following agree(s) to the release of his/her name, address, phone and email address to persons seeking contact with your RISO. This includes authorizing the use of information to share with interested students on the RISO web site or any other listing provided by the Offices for Student Services and Enrollment Management.**

Primary Contact Name: _____ Signature: _____

Secondary Contact Name: _____ Signature: _____

**RETURN COMPLETED FORM TO: STUDENT SERVICES OFFICE – CAMPUS CENTER C-236
ATTENTION: Student Life Coordinator**

+++++ **FOR OFFICIAL USE ONLY** +++++

Registration Approved: _____ Date: _____

Student Life Coordinator