

**KUMC Organization Registration Application  
2005-2006**

**Name of Organization** \_\_\_\_\_

**List any names previously used** \_\_\_\_\_

**Organization's mailing address\*** \_\_\_\_\_

*\*Many organizations choose to use their president's home address or their advisor's work address as the official address of the organization*

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Organization's E-mail Address** \_\_\_\_\_

**Organization's Website** \_\_\_\_\_

**President** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Co-President** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Other officers** \_\_\_\_\_ **Title** \_\_\_\_\_

\_\_\_\_\_ **Title** \_\_\_\_\_

\_\_\_\_\_ **Title** \_\_\_\_\_

**Organization advisor** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Campus address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**FUNDING**

**1. Where do you keep your organizational funds? (please circle one)**

Safekeeping    KUMC Credit Union    N/A    Other \_\_\_\_\_

**2. From where do you receive funds? (please circle all that apply)**

Fundraising    SGC    GSC    MSA    Dues    N/A    Other \_\_\_\_\_

SGC= Student Governing Council, [www.kumc.edu/student/SGC/](http://www.kumc.edu/student/SGC/)    GSC=Graduate Student Council, <http://www.kumc.edu/student/GSC/>

MSA= Medical Student Assembly, <http://msa.kumc.edu>

**OFFICERS**

**3. When are officers selected for the organization? (please circle one)**

Spring    Fall    Summer    Other \_\_\_\_\_

**4. How are officers selected for the organization? (please circle one)**

Appointed    Elected    Application Process    Other \_\_\_\_\_

**MEMBERSHIP**

5. How many members are in the organization? \_\_\_\_\_

6. Who is eligible to become a member of the organization? (check school and circle appropriate category)

- |  |                                   |                                  |                                    |
|--|-----------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> ALLIED HEALTH | <input type="checkbox"/> MEDICINE | <input type="checkbox"/> NURSING | <input type="checkbox"/> EMPLOYEES |
| Undergrad Graduate                     | Medical Graduate                  | Undergrad Graduate               | University Hospital                |

**TYPE OF ORGANIZATION**

7. Read the descriptions below and check the box(es) that best describe your organization. This information will be used to sort student and campus organizations found on the website:

<http://www2.kumc.edu/studentorgs/>

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Academic</b> - organizations related to an academic discipline or school of KUMC  | <input type="checkbox"/> <b>Service</b> - organizations providing volunteer service to the campus or community   |
| <input type="checkbox"/> <b>Cultural/Religious</b> - organizations promoting or enhancing a specific culture, belief or ethnic group or that celebrates diversity on campus | <input type="checkbox"/> <b>National</b> - organizations affiliated with a nationally recognized group or office   |
| <input type="checkbox"/> <b>Government</b> - organizations which govern a specific population on campus   | <input type="checkbox"/> <b>Opinion</b> - organizations promoting a particular stance on an issue  |
|   | <input type="checkbox"/> <b>Special Interest</b> - organizations with a specific goal to accomplish or project to complete (usually has a deadline to meet such as the Yearbook) |

8. Are at least 75% of your members currently enrolled as Medical Center students?  
Yes No

9. Please provide a 1-2 sentence explanation on the purpose of your organization. This statement will be posted on the website: (please see <http://www2.kumc.edu/studentorgs/>)

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By signing, I verify that I have carefully read the information below pertaining to the Regents Policy on Organizational Membership, and I have reviewed the guidelines for registered organizations at <http://www.kumc.edu/service/acadsupt/facility/titlepg.html>. The group will adhere to all applicable Regents and KUMC regulations affecting registered organizations. In addition, I understand the presidents of the organization are required to attend the Fall Student Leader Retreat as well as the Monthly Presidents' Roundtable meetings, both organized by the Office of Student Resources, Wellness and Diversity.

“We agree to abide by the established policy of the Board of Regents of State of Kansas prohibiting discrimination in organizational membership on the basis of sex, race, religious faith, national origin; and further agree to abide by state or federal legislation prohibiting discrimination against the disabled.”

\_\_\_\_\_  
**Organization Leader**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Organization Advisor**

\_\_\_\_\_  
**Date**

Return completed form to the Office of Student Resources, Wellness, and Diversity at 3001 Student Center. Please attach a copy of the organization's mission/by-laws. Call 8-6681 with any questions.

Last updated 6/22/05