

**Florida Atlantic University
Statement of Intent to Organize**

Proposed name of Organization: _____

Proposed Objectives/Purpose: _____

Member ship Qualifications: All FAU students, faculty, staff & Alumni are eligible to be members. Other: _____

Name of students completing this form. Please Print.

Student #1

Name _____ Signature : _____

Phone#: (____) _____ - _____ E-mail: _____

Student #2

Name _____ Signature : _____

Phone#: (____) _____ - _____ E-mail: _____

Rights and Privileges:

The proposed organization may advertise and reserve rooms for the purpose of organizing for a period not to exceed six (6) weeks **AS NOTED BELOW:**

Non-Discrimination and Anti-Hazing Clause:

We hereby certify that the members of _____

Will choose and accept new members without discrimination as to race, religion, national origin, age, disability, sexual preference, or gender (social, fraternities and sororities are exempt from the gender discrimination restriction). We further certify that the members of the above-named organization do not, as a part of their initiation procedures or at any other time, engage in hazing. I understand that hazing is danger or physical harm, and any act that injures, degrades, or disgraces, or tends to injure, degrade, or disgrace any fellow student, that student's consent notwithstanding.

Read Carefully.

Period of Registration: The Student development and Activities Office requires a preliminary registration for this organization which expires on _____. If the organization has not filed the Petition for official registration and submitted a complete constitution by this date, rights and privileges listed above will be revoked.

For a sport related club you must contact Dax Kuykendall in Campus Recreation at 297-3795 (Field House).

For a Greek Organization you must contact Emery Burk in the Deans Office at 297-3269 (SSB226). All other Clubs must contact Michelle Perkins in Student Development & Activities Office (297-3735) (SU 130).

Signature (of respective Area, If needed) _____

Signature from Student Development & Activities _____

Please return the completed form (with all proper signatures) to the Student Development & Activities Office, located in the Student Support Services Building, Room 130.

For Office Use Only: Name Of Organization

Date:

Expiration: