

Registration Form for CASC Student Organizations

PLEASE TYPE	
Date:	
Organi	zation's Complete Name:
Organi	zation's Address (if applicable):
Does yo	our organization have a CTools site? Yes No
Organi	zation's Website (if applicable):
Organi	zation's Email Address:
Nationa	al Affiliation? (Please list National Organization):
Preside	nt/Chairperson:
Phone:	Email:
Treasu	rer:
Phone:	Email:
Faculty	Advisor, if applicable (please include their department):
Approx	imate Size of Active Membership (attach list of members) :
	Check here if your organization is seeking the Voluntary Student Organization (VSO) or Sponsored Student Organization (SSO) status with the Center for Campus Involvement. (Note: All student organizations must be a VSO or SSO to raise money on University property or receive funding from University units.
	Check here if your organization would like to remain a Non-Affiliated Student Org.
Does th	e organization have a constitution? If so, please attach this information.
	All student organizations must agree to have open membership.
	Please submit this registration form to:

U-M School of Social Work Office of Student Services - Room 1748