

**University of Kansas Medical Center  
2006-2007 Student & Campus Organization Registration**

Student Resources, Wellness & Diversity  
3001 Student Center, Mail Stop 4029  
913-588-6681 (Office) 913-588-4697 (Fax)  
<http://www2.kumc.edu/studentorgs/>

In addition to this application, please submit:

- A) Copy of your Constitution or By-Laws   
B) Alphabetical list of Executive Board with titles and E-mail addresses

We, the undersigned, request that our organization be officially registered as a student organization at the University of Kansas Medical Center (KUMC), with the right to use the name and facilities of KUMC.

**GROUP INFORMATION**

1. Name of Organization \_\_\_\_\_  
List any names previously used \_\_\_\_\_  
2. Organization's E-mail Address \_\_\_\_\_  
3. Organization's Website \_\_\_\_\_  
4. Organization's Category (check one)  
\_\_\_\_ Student Organization (>75% membership students)      \_\_\_\_ Campus Organization

**TYPE OF ORGANIZATION**

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.

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Academic</b> - organizations related to an academic discipline or school of KUMC  | <input type="checkbox"/> <b>National</b> - organizations affiliated with a nationally recognized group or office   |
| <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>Opinion</b> - organizations promoting a particular stance on an issue  |
| <input type="checkbox"/> <b>Government</b> - organizations which govern a specific population on campus   | <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) |
| <input type="checkbox"/> <b>Service</b> - organizations providing volunteer service to the campus or community  |  |

**CONTACT INFORMATION**

Student Services makes contact information available for each registered student and campus organization so interested individuals have a means of contacting the organization. Please list the name, telephone number and email address of everyone who should be listed as a contact on the KUMC website. Note that advisors will be automatically listed. If you do not wish to disclose any student information, please provide an alternative means to contact your organization.

NAME	TITLE	E-Mail	PHONE

**CALKINS STUDENT ORGANIZATION CENTER**

G005 Orr Major is available to all registered student organizations. Computers, printer, refrigerator, microwave and storage space are available on a first come, first serve basis. This room has card access. Presidents will automatically receive card access to this space. If you have additional organizational members who should have card access, please list names and title/function (ex: publicity chair, treasurer, etc).

NAME	TITLE/FUNCTION	E-Mail

**ADVISOR INFORMATION (must be a KUMC faculty or staff person)**

Name		Office Phone	
Department Address		E-Mail Address	

Name		Office Phone	
Department Address		E-Mail Address	

**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**

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

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

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

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

**MEMBERSHIP**

**3. How many members are in the organization?** \_\_\_\_\_

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

ALLIED HEALTH                   MEDICINE                   NURSING                   EMPLOYEES  
                  Undergrad    Graduate                  Medical    Graduate                  Undergrad    Graduate                  University    Hospital

**Please provide a 1-2 sentence explanation on the purpose of your organization. This statement will be posted on the website:**

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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.*

Last updated 6/6/06