

**Methodist College of Nursing
Student Organization Registration Form**

Please fill out all information ONLINE and PRINT when complete
Return to Office 616, Attn: Jordan Ticaric

Forms are due September 15 to be considered for funding for the academic year

Academic Year _____ Calendar Year _____

Organization Name _____

Organization web address _____

Organization Dues per Year _____ Semester _____

As officers/advisor of this organization, we will not discriminate against any person or activity in regards to gender, ethnicity, physical ability or sexual orientation. Our organization's purpose and activities are not in conflict with Methodist College of Nursing's purpose, rules and regulations as well as state and/or federal laws. Failure to comply with said rules, regulations and laws will cause our organization to become inactive and lose all rights/privileges associated with being a registered student organization. We further agree to have our email addresses linked on the MCON's website and other contact information made public upon request.

Officers (attach additional sheets if necessary)

Name _____ Position _____

Phone _____ Email _____ Signature _____

Name _____ Position _____

Phone _____ Email _____ Signature _____

Name _____ Position _____

Phone _____ Email _____ Signature _____

Name _____ Position _____

Phone _____ Email _____ Signature _____

Advisor

Name _____ Campus Address _____

Phone _____ Email _____ Signature _____

MCON Student Services Approval _____ Date _____

Date Received _____ Database _____ Web _____