

# New Student Organization Registration Packet 2011-2012

Brandi J. Gordon

## Statement of Compliance and Approval of Registration

### Statement of Compliance

*No organization shall discriminate in membership or activities on the basis of race, creed, gender, sexual orientation, age, national origin and/or handicap. Purposes and activities of a registered student organization must not conflict with the purposes and regulations of the University of the Incarnate Word, including its mission. All officers of the organization must be registered students. A majority of the members of a registered student organization must be registered University of the Incarnate Word full or part-time students. Participation of faculty and staff is encouraged. Failure to follow all campus, state and/or federal policies, procedures, or statutes may result in the suspension or loss of any or all benefits as a registered student organization.*

Brandi Gordon

### Name of New Organization

Alpha Kappa Alpha Sorority, Inc.

### Category of Organization

*Please select one, if you do not know which one please contact UESP or the Student Organization Handbook.*

Multicultural

### Purpose of Organization

*Please give us a detail description of your new organization purpose.*

The purpose of Alpha Kappa Alpha Sorority, Inc. is to cultivate and encourage high scholastic and ethical standards, to promote unity and friendship among college women, to study and help alleviate problems concerning girls and women in order to improve social stature, to maintain a progressive interest in college life, and to be of service to all mankind.

### Activities and Event

*Please give us an idea of what activities and events you plan to have.*

Initiatives/programs focusing on:

Health

Global Poverty

Economic Security

Social Justice and Human Rights

Leadership Training

Emerging Young Leaders

### Membership Requirements

*If applicable, list GPA, classification and/or credit hour requirements, etc.*

GPA: 2.5

- 1.) Must have completed 12 hours (full-time) status at the school acquiring membership.
- 2.) Maintain a cumulative average of C+.
- 3.) Must be a woman of high-ethical and moral standards
- 4.) Must provide two references from persons who can test to qualities
- 5.) Must have completed the membership intake process.

### Will the Organization collect dues?

Yes

### How often are dues collected?

*If other is selected please explain in the next part.*

Semester

### If other is selected please explain:

## New Organization-continued

### Constitution & Bylaws

*(8MB max) Most recent electronic constitution and bylaws must be submitted with this form.*

Submitted File: Delta Rho Bylaws 2010 revision..docx

### Constitution & Bylaws

*Constitution and/or By-laws updated in past academic year:*

No

### Elections for new officers will be held:

Per Semester

### Meeting Information

*Chose the most appropriate answer.*

Bi-Weekly

### Day of the Week Organization will meet

Sunday

### Time of Meetings

*Approximate time of meeting(s)*

3 pm

### Location of Meetings

*Give a place that most of the meetings will likely to happen.*

Roseville (AKA Founder's Hall)

### Elections are held:

Every November/April

## Organization Officers

### President's Name

*President of the New Student Organization*

Amber Davis

### President Student ID

[REDACTED]

### President Email Address

[REDACTED]

### President Phone number

[REDACTED]

### Vice President Name

Brandi Gordon

### Vice President Student ID

[REDACTED]

### Vice President E-Mail

[REDACTED]

### Vice President Phone Number

[REDACTED]

### Secretary Name

Vanessa Thomspson

### Secretary Student ID

[REDACTED]

### Secretary E-Mail

[REDACTED]

### Secretary Phone Number

[REDACTED]

### Treasurer Name

Sharonda Anderson

### Treasurer Student ID

[REDACTED]

### Treasurer E-mail

[REDACTED]

### Treasurer Phone Number

[REDACTED]

### Student Governement Association Representative

*(SGA representative must attend bi-weekly SGA General Assembly meetings)*

Vanessa Thompson

**SGA Rep: Student ID**

[REDACTED]

**SGA Rep: E-mail**

[REDACTED]

**SGA Rep: Phone Number**

[REDACTED]

**Additional Officers**

*List any additional officers not mentioned above for the successful operation of your organization.*

*\*You must include Full name, Student ID, Student E-mail address, and phone number.\**

**Organization Advisors**

**Advisor Name**

Cristina Luna

**Advisor: Faculty/Staff ID**

[REDACTED]

**University Title**

Greek Life & Student Organizations Coordinator

**Advisor E-mail**

[REDACTED]

**Advisor Phone Number**

[REDACTED]

**Department**

Greek Life

**Campus CPO#**

**Off-Campus Advisor**

*(If applicable)*

Sandra C. Sapenter

**Off-Campus Advisor E-mail**

[REDACTED]

**Off-Campus Advisor Phone Number**

[REDACTED]

**Off-Campus Advisor: Local Mailing Address**

## **Student Membership Roster**

### **Student Membership Roster**

*List all members in the student organization and include their student ID number.*

*\*Reminder: To start a new student organization, you must meet the minimum 8 member requirement.*

*Student Name 1*

**Student ID number 1**

**Student Name 2**

**Student ID number 2**

**Student Name 3**

**Student ID number 3**

**Student Name 4**

**Student ID number 4**

**Student Name 5**

**Student ID number 5**

**Student Name 6**

**Student ID number 6**

**Student Name 7**

**Student ID number 7**

**Student Name 8**

**Student ID number 8**

### **Additional Members**

*List all other members and include student ID for each.*