

**MISSISSIPPI STATE UNIVERSITY  
REGISTERED STUDENT ORGANIZATION UPDATE FORM**

\_\_\_\_\_  
**Name of Organization**

\_\_\_\_\_  
**Club Number**  
(for office use only)

**Officers**

President \_\_\_\_\_ Telephone # \_\_\_\_\_

Local Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

**Faculty Advisor**

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Campus Mail Stop \_\_\_\_\_ Office Bldg. & Rm. \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Organization Information**

Usual Meeting Time and Day \_\_\_\_\_ Location \_\_\_\_\_

Date of Next Officer Transition \_\_\_\_\_

Are new members accepted at any time? \_\_\_\_\_

If not, when is the next date new members will be accepted? \_\_\_\_\_

**Required Statement**

As the president of my organization I agree that we will obey federal, state, and local laws and University regulations. I understand that failure to do so may result in loss of University registration.

\_\_\_\_\_  
**President's Signature**

\_\_\_\_\_  
**Date**