Each organization must file a signed statement with the Office of Student Activities affirming that the following policies (which are included in the *Student Organization and Advisor Handbook* ) have been read to and reviewed by the entire organization. It is the responsibility of the organization president to see that these policies are read by all new members as they join the organization.

The following Western Illinois University policies have been read to the members of ________________________________

<table>
<thead>
<tr>
<th>POLICY</th>
<th>DATE READ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol &amp; Alcohol Philanthropic Policy</td>
<td>__________</td>
</tr>
<tr>
<td>Hazing Policy</td>
<td>__________</td>
</tr>
<tr>
<td>Non-Discrimination Policy</td>
<td>__________</td>
</tr>
<tr>
<td>Poster Distribution Policy</td>
<td>__________</td>
</tr>
<tr>
<td>Trademarks and Logos Policy</td>
<td>__________</td>
</tr>
<tr>
<td>Risk and Liability Policy</td>
<td>__________</td>
</tr>
<tr>
<td>Solicitation/Fundraising Policy</td>
<td>__________</td>
</tr>
<tr>
<td>Sexual Harassment Policy</td>
<td>__________</td>
</tr>
</tbody>
</table>

The organization understands that if there are any violations of these policies reported to Western Illinois University, disciplinary action may be taken.

**Signatures:**

President’s Name (Print): ___________________________ President’s Signature: ___________________________

ID#: ____________________ Phone Number: ____________________ Email: ____________________

Treasurer’s Name (Print): ___________________________ Treasurer’s Signature: ___________________________

ID#: ____________________ Phone Number: ____________________ Email: ____________________

Advisor’s Name (Print): _____________________________ Advisor’s Signature: ___________________________

Dept.: ____________________ Phone Number: ____________________ Email: ____________________

**Instructions:** After completing this form, please attach the following documents and turn them into the Office of Student (University Union, First Floor):

- Organization’s Constitution including:
  - Date constitution was last reviewed/revised (must be within last 2 years)
  - Membership Statement*
  - Not-for-Profit Statement*
  - Statement of Non-Discrimination*
  - Statement of Non-Hazing*
  - Financial Obligation*
  - Statement of Compliance with Campus Regulations*
- List of at least ten (10) active members

**FOR OFFICE USE ONLY**

Date Received: ____________________
Received By: ______________________
Date on Constitution: _____________
Date Approved: _________________
Approved By: ____________________
Notes/Comments: __________________

**NOTE:** The registration process is not complete until this form and all of the above-mentioned documents are submitted.

*Wording for the required statements and the *Student Organization and Advisor Handbook* can be found on our website, osa.wiu.edu. Contact the Office of Student Activities at 298-3232 with any questions.

Rev. 08/09/2011