



Florida Caribbean Students Association Inc. New Organization Registration Form

A copy of the Constitution/Bylaws, a list of officers and positions. and 10 members must be submitted. Organizations without this information will not be reviewed.

Date: ____/____/_____(mm/dd/yyyy)

Individual Submitting Paperwork: _____

Title of Organization: _____

Affiliated Tertiary Institution: _____

Campus Address: _____

: _____

City: _____ State: _____ ZIP: _____

Purpose/Mission Statement:

This will be the description of your club in the *FCSA* Directory (2 paragraphs max)

: _____

Membership Requirements: *Student member requirements, if applicable (specific major/field of study, GPA requirements, enrollment requirements, etc)*

: _____



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General Information:

Are dues assessed? Yes No How Much? \$_____.

Does/Will your organization have a bank account? _____

Meetings held (days, times, location, Frequency):

Please respond to the following questions on separate paper:

1. Why does your organization want to join *FCSA*? *What can add to the Organization?*
2. How will you recruit and become an active and visible organization on campus?



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Officer Name & Contact Information

****IF there are more than 5 officers, please include all other officers and their contact information****

President:

Name: _____
Permanent Address: _____
Daytime Phone: (_____) _____ - _____
Evening Phone: (_____) _____ - _____
Email address: _____

Secretary:

Name: _____
Permanent Address: _____
Daytime Phone: (_____) _____ - _____
Evening Phone: (_____) _____ - _____
Email address: _____

Treasurer/Finance Officer:

Name: _____
Permanent Address: _____
Daytime Phone: (_____) _____ - _____
Evening Phone: (_____) _____ - _____
Email address: _____

Other Officer:

Name: _____
Permanent Address: _____
Daytime Phone: (_____) _____ - _____
Evening Phone: (_____) _____ - _____
Email address: _____

Other Officer:

Name: _____
Permanent Address: _____
Daytime Phone: (_____) _____ - _____
Evening Phone: (_____) _____ - _____
Email address: _____

Advisor Name & Contact Information:

Name: _____
Permanent Address: _____
Daytime Phone: (_____) _____ - _____
Evening Phone: (_____) _____ - _____
Email address: _____



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Representatives:

*Upon signing, the *FCSA* Representative will be the liaison between the *FCSA* and *FCSA* executive board and their respective organization. The representative can be any member or executive board member of said organization. It is the representative's task to inform their club of all the information given to them. Failure to do so will endanger said organization's progress/status for the year.

Signature below will indicate your acceptance of this agreement.

Name: _____
Permanent Address: _____
Daytime Phone: (_____) _____ - _____
Evening Phone: (_____) _____ - _____
Email address: _____

Signature: _____

Name: _____
Permanent Address: _____
Daytime Phone: (_____) _____ - _____
Evening Phone: (_____) _____ - _____
Email address: _____

Signature: _____

**I certify that the above information is correct.*

President:
Print Name: _____ Signature: _____
Date: _____

Advisor :
Signature:
Print Name: _____ Signature: _____
Date: _____



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Buckley Waiver Consent

We hereby authorize and consent to the release of names, addresses, and phone number of the officers listed below for use in the preparation of the Florida Caribbean Student Association Directory to other students upon their request. *FCSA* recommends that the E-board are the individuals who sign this document.

Name (Print or Type): _____ Position: _____
Signature: _____
Email: _____
Date: ____/____/____ (mm/dd/yyyy)

Name (Print or Type): _____ Position: _____
Signature: _____
Email: _____
Date: ____/____/____ (mm/dd/yyyy)

Name (Print or Type): _____ Position: _____
Signature: _____
Email: _____
Date: ____/____/____ (mm/dd/yyyy)

Name (Print or Type): _____ Position: _____
Signature: _____
Email: _____
Date: ____/____/____ (mm/dd/yyyy)

Name (Print or Type): _____ Position: _____
Signature: _____
Email: _____
Date: ____/____/____ (mm/dd/yyyy)

Advisor's Name (Print or Type): _____
Signature: _____
Email: _____
Date: ____/____/____ (mm/dd/yyyy)