Dakota State University
Student Association Senate

Student Recognized Organization Application

Applicant Information

Full Club Name: ___________________________ Date: ____________

President: ___________________________ Email: ___________________________
Vice Pres: ___________________________ Email: ___________________________
Treasurer: ___________________________ Email: ___________________________
Secretary: ___________________________ Email: ___________________________
Advisor: ___________________________ Email: ___________________________

Club Member Count: _______ Date Club Formed: ____________ Existing Constitution (Y/N): ____________

About the Club

Purpose of the Club: __________________________________________

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Why you need funding: __________________________________________

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_________________________________________________________________
Student Association Senate Requirement for being an SRO

Bylaw 13.3.2

I) Requirements for being an SRO
   A) Each SRO must:
      1) Be open to all students.
      2) Have an executive board comprised of students and elected by the active members.
      3) Have at least ten (10) active student members.
         (a) Active members shall be defined in each SRO’s constitution
      4) Present to the Senate once a year at a regular Senate session before February of that school year.
      5) Have an up to date constitution that is on file with the Senate.
      6) Submit a yearly financial report to the SRO Audit Committee.
      7) Follow Dakota State University Policy.
      8) Report a list of active members to the SRO Audit Committee by February.
      9) Work with the SRO Audit Committee and Public Relations Chair to keep information about the SRO updated on the DSU and Senate website.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge and my club can meet all of the above requirements.

If this application is accepted, I understand that false or misleading information in my application may result in my denial.

President
Signature: ___________________________ Date: _________________

Vice-President
Signature: ___________________________ Date: _________________

Treasurer
Signature: ___________________________ Date: _________________

Secretary
Signature: ___________________________ Date: _________________

Advisor
Signature: ___________________________ Date: _________________