## YALE UNIVERSITY: REGISTRATION FORM FOR NON-UNDERGRADUATE ORGANIZATIONS

Please review the document "Requirements for Registration as a University Organization" (www.yale.edu/secretary/programs/registration\_criteria.html). Applying organizations must agree to comply with these requirements if they are to be approved.

1. Full name of the organization
Note: If the organization wishes to include "Yale" in its name, please attach a copy of a letter to the Secretary of the University requesting use of the Yale name. If the organization has previous permission from the Secretary, attach a copy of that permission letter.
2. Mailing address for the organization:
3. As of October 2009, all new organizations requesting to be registered must have a faculty advisor.
Does your organization have a full-time faculty adviser? YES NO
If YES, please give the advisor's name, department, and University telephone number:
4. Have you worked or do you plan to work with any university offices or administrators? If so, please explain:
5. State the purpose of the organization and explain the financing and membership requirements in sufficient detail to give adequate assurance that the organization is under the control of persons who are affiliated with Yale (as provided for in paragraph 3 of the Requirements), and that the organization is financially responsible.
6. Outline the major activities proposed by the organization for this academic year:
7. Does the organization charge dues? YES NO
If YES, how much is charged?
If NO, how does the organization finance its activities?
8. Will the organization pay wages or other monies to Yale students? YES NO
If YES, indicate how much will be paid, to whom, and for what services:

9. Please attach a copy of the organi and the quorum that approved it. If procedures for becoming a member committees and advisory boards to	no constitution; the voting p	on or by-laws exist rocedures for selec	, please attach a cting officers; a	statement of the description of all	
10. Indicate the percentage of members	bers who are:				
Registered Yale graduate/professio Registered Yale undergraduate stud Yale faculty Yale alumni Yale staff Other (specify below)		% % % % %			
11. List below all current officers or coordinator of the organization:					
Name	Yale Affiliation	Organization Office Held	Term of Office	Phone:	
Name of person submitting this app	lication:				
Yale affiliation:					
Campus address:					
Campus phone:	Home p	hone:			
Date:	_				
Signature:					

Please return completed application to Erin Johnson, Office of the Secretary, Woodbridge Hall, 105 Wall Street (lower level, Room 1) or email to erin.johnson@yale.edu