

University of Wisconsin – Whitewater
Student Organization Services Chargeback Sign-up Form

PLEASE COMPLETE THIS FORM EVERY TIME A CHANGE OCCURS.

ORGANIZATION NAME: _____ **TODAY'S DATE:** _____

NEW OFFICERS: (Attach additional sheets if necessary)

Officer position _____

Name: _____ **Phone:** _____

Address: _____ **E-Mail:** _____

Officer position _____

Name: _____ **Phone:** _____

Address: _____ **E-Mail:** _____

Officer position _____

Name: _____ **Phone:** _____

Address: _____ **E-Mail:** _____

Officer position _____

Name: _____ **Phone:** _____

Address: _____ **E-Mail:** _____

NEW ADVISOR:

Advisor Name: _____ **Phone:** _____

Campus Address: _____ **E-Mail:** _____

By my signature below, I agree to serve as organization advisor for the above listed organization and will assist the student organization members in abiding by the UW-Whitewater Anti-Hazing Policy for the 2008-09 Academic Year.

Signature: _____ **Date:** _____

NEW ORGANIZATION NAME:

New Name: _____ **Date Effective:** _____

For a change in your organization's name, please attach an updated constitution to this form.

Would you like this information to be included in the Student Organization Directory and/or its updates?

Yes ☐ No ☐

PLEASE RETURN THIS FORM TO CAREER & LEADERSHIP DEVELOPMENT (UC 146).

UW-Whitewater
**Career & Leadership
Development**
Helping Students Achieve Their Dreams

For Office Use:
Entered into Directory _____ By _____