Faculty or Staff Organization Registration for Academic Year _____

The University of Texas at Austin

Name of Organization: _____ Address for Correspondence: _____

Authorized Representatives or Officers

Name **UT EID**	Position held in organization	Campus Address & Phone	University Title	Mailing Address

1. Purpose of the Organization: _____

2. Requirements for Membership: _____

3. National and State Affiliations: _____

4. Request Use of Campus Mail (optional):_____. If yes, how does organization serve a public purpose related to the educational mission of The University? _____

Does the use of the campus mail promote that public purpose related to the educational mission of The University? _____ How? _____

_____

The use of campus mail may not be for (a) solicitation of new members to an existing organization; (b) partisan political purposes; (c) religious purposes; (d) advertisement or endorsement of a commercial product; (e) commercial or private gain; or (f) newsletter mailings or other bulk mailings which are customarily mailed from state or national organizations. The envelope for any communication shall display the name and address of the sending organization, and the size of each piece of mail shall comply with the measurements allowed by the U.S. Postal Service.

Use of Campus Mail: Approved _____
Denied _____

_____ _____
Vice President for Legal Affairs Date

I certify that this organization (1) is comprised only of employees of The University of Texas at Austin; (2) conducts its affairs in accordance with University rules; and (3) does not deny membership on any basis prohibited by law, including but not limited to race, color, national origin, religion, gender, sexual orientation, age, or disability. I acknowledge that I have read UT System Board of Regents' Rule 80104; Policy Memorandum 6.102; General Information Catalog, Appendix C, Chapter 10, Handbook of Operating Procedures 6.07, and accept the responsibilities which these regulations place on a registered faculty or staff organization. I understand that failure to comply with any applicable University rule may result in the revocation of the organization's registered status and/or authorization to use the campus mail service, if applicable. I further recognize that (1) the information on this form must be updated at any time that changes occur and (2) the information on this form is regarded as public information.

_____ _____ Registration Approved: _____ _____
Signature of Authorized Representative Date Vice President for Legal Affairs Date

_____
Position Held in the Organization

Approved Copies to: (1) Registering Organization; (2) Student Activities and Leadership Development, SSB 4.104 (A5800), phone 471-3065; (3) Scheduling, Office of the Registrar (M5501); (4) University Mail Service (F4702)

Revised 6 July 2010