REGISTRATION FOR INDEPENDENT STUDENT ORGANIZATIONS
University of Hawai`i- West O`ahu

(Type or print CLEARLY)
Name of Organization: _______________________________________________________

If this organization has been previously registered under another name(s), please list other name(s):

____________________________________________________________________________

Purpose of Organization: _______________________________________________________

____________________________________________________________________________

Communications and Social Media
Website: ___________________________________________ Organizational Email: ___________
Facebook page: __________________________________ Instagram: ___________________________
Twitter: ___________________________________________ Other: _____________________________
Other: ___________________________________________ Other: _____________________________

Constitution and/or By-laws
If your club was in existence last academic year, have there been changes in the Constitution and/or By-laws?    YES  NO
  • If YES, please attach your current Constitution and Bylaws, highlighting any amended sections since your last registration.

If your organization is new, please attach the Constitution and By-laws.

Six (6) RISO’s Officers
List the organization’s officers, members and faculty advisor(s). Registered Independent Student Organizations (RISOs) must have at least six members who are currently enrolled students. No more than 25% of the RISO’s membership may be non-students. Officers must be currently enrolled students at UHWO.

President
Name: ___________________________________________
Email: ___________________________@hawaii.edu
Ph: _______________________________________

Vice-President
Name: ___________________________________________
Email: ___________________________@hawaii.edu
Ph: _______________________________________

President
Secretary
Name: ________________________________
Email: _____________________________@hawaii.edu
Ph: __________________________________

Treasurer
Name: ________________________________
Email: _____________________________@hawaii.edu
Ph: __________________________________

Member
Name: ________________________________
Email: _____________________________@hawaii.edu
Ph: __________________________________

Member
Name: ________________________________
Email: _____________________________@hawaii.edu
Ph: __________________________________

Faculty Advisor
Name: ________________________________ Email: _____________________________@hawaii.edu
Ph: __________________________________

Acknowledgement and Agreement
Our organization agrees to follow all rules and regulations as stated in the Registered Independent Student Organizations Handbook and any other applicable University policies and procedures.

I certify that (name of RISO) ______________________________ complies with federal and state laws which prohibit discrimination in University programs and activities, including but not limited to the following laws: Title VI of the Civil Rights Act of 1964, as amended (race, color, national origin); Age Discrimination Act of 1975 (age); Title VIII of the Public Health Service Act, as amended (sex); Title IX of the Education Amendments of 1972 (sex, blindness, severely impaired vision); and Section 504 of the Rehabilitation Act of 1973 (disability); Americans with Disabilities Act.

President’s Signature: ______________________________ Date: ______________

Faculty Advisor’s Signature: ______________________________ Date: ______________

RISO’s Main Contact Person(s)
Two members should be designated as the official contacts for your RISO. Of those members listed on the front of this form, the following agree(s) to the release of his/her name, address, phone and email address to persons seeking contact with your RISO. This includes authorizing the use of information to share with interested students on the RISO website or any other listing provided by the Offices for Student Services and Enrollment Management.

Primary Contact Name: ______________________________ Signature: ______________________________

Secondary Contact Name: ______________________________ Signature: ______________________________

RETURN COMPLETED FORM TO: STUDENT SERVICES OFFICE – CAMPUS CENTER C-236
ATTENTION: Student Life Coordinator

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