Associated Students of Western Nevada
Student Organization Renewal Form

Recognition Type: Renewal

Please review the ASWN Student Organizations/Clubs Operating Manual before submitting this form. You can find this document at www.wnc.edu/clubs/. Following review of all documents, please drop this form off at the ASWN Office, Dini 105, with any ASWN Government representative or advisor. Once your application has been reviewed by the appropriate persons, an ASWN representative will contact you. The application will then be voted on in the Governing Board meeting for final approval. If you would like to contact the ASWN Student Government, you can do so by calling 775-445-3323 or by email at aswn@wnc.edu.

Date: ______________________

Formal Name of Organization: ______________________________________________________

Organization Leaders: Please write legibly and use full name (first, middle and last name)

President
Name: ______________________________________
Email: ______________________________________
Telephone: __________________________________

Vice President
Name: ______________________________________
Email: ______________________________________
Telephone: __________________________________

Secretary
Name: ______________________________________
Email: ______________________________________
Telephone: __________________________________

Treasurer
Name: ______________________________________
Email: ______________________________________
Telephone: __________________________________

Primary Advisor (required)
Name: ______________________________________
Email: ______________________________________
Telephone: __________________________________

Secondary Advisor (if needed)
Name: ______________________________________
Email: ______________________________________
Telephone: __________________________________

Agreement
I have read and understood the ASWN Student Organizations/Clubs Operating Manual in it entirety.

President Signature: ___________________________________________ Date: ____________________

Secretary Signature: ___________________________________________ Date: ____________________

Advisor Signature: _____________________________________________ Date: ____________________
### Membership Roster

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**Meeting Information:**

Dates: ________________________________________________________________

Times: ________________________________________________________________

Locations: ____________________________________________________________