STUDENT ORGANIZATION REGISTRATION (RE-REGISTRATION) FORM
(Please e-mail this form to SBA@unlv.nevada.edu. Hardcopies will not be accepted.)

1. ______________________________________ wishes to register for the ________ academic year.
   (student organization name)

2. The officers for the above term are:

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<th>Position</th>
<th>Phone</th>
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3. University Advisor(s): (name, phone number)

   Name: ______________________________________
   Phone: __________________________

   Advisor Signature: __________________________

   Name: ______________________________________
   Phone: __________________________

   Advisor Signature: __________________________

4. Please attach an updated copy of the student organization's Constitution and/or Bylaws.

5. To the best of my knowledge and the above-listed officer's knowledge, all of the following statements are correct: Attached is a copy of our most current constitution. Our members are part-time or full-time University of Nevada, Las Vegas William S. Boyd School of Law students.

6. To be best of my knowledge, I hereby certify that the student organization has five or more active members at the time this information is submitted. A roster or list of members has been attached for verification.

7. To the best of my knowledge, the student organization's purposes and its activities are not in
conflict with University purposes, regulations and policies, or with State and/or Federal laws and regulations. With this signature, I hereby give permission for the above information to be made public upon request.

___________________________________________
Signature of President/Chairperson

___________________________________________
Date