FACULTY OR STAFF ORGANIZATION REGISTRATION FOR FISCAL YEAR _____ THE UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON

Name of Organization	:	Address f	Address for Correspondence:			
Authorized Represent	atives and Officers (if more, please	include information on	a separate sheet of	paper):		
NAME	POSITION HELD IN ORGAN	HZATION I	ADDRESS AND E NUMBER	UNIVERSITY TITLE	MAILING ADDRESS	
1. Purpose/Missi	on of the Organization:					
	for Membership:					
3. National and St	ate Affiliations:					
accordance with Universex age, veteran status of Operating Procedure accept the responsibility may result in the revocations.	ization (1) comprises only full-time of risity rules, and (3) does not deny mer for disability. I acknowledge that I haves Policy 2.6.4 registering a Faculty, Sies these regulations place on a registration of the organization's registered signation on this form is regarded as put	nbership on any basis pro ye read the Regents' Rules Staff or Student Organizat ered faculty or staff organ status. I further recognize	hibited by law, inclust and Regulations, R ion, and the Guideli hization. I understand	uding but not limited to ra tule 40201 Registered Org nes for Registered Facult d that failure to comply w	ace, color, national origin, religion, ganizations, Institutional Handbook y and Staff Organizations, and vith any applicable University rule	
		Registration Approv	ved:			
Signature of Authorized	d Representative Date		VP/Chief of S	taff or Designee	Date	
Print Name						
Position Held in the Or	ganization Mail Route					