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

Name of Organization: ______________________________ Address for Correspondence: ______________________________

Authorized Representatives and Officers (if more, please include information on a separate sheet of paper):

<table>
<thead>
<tr>
<th>NAME</th>
<th>POSITION HELD IN ORGANIZATION</th>
<th>CAMPUS ADDRESS AND PHONE NUMBER</th>
<th>UNIVERSITY TITLE</th>
<th>MAILING ADDRESS</th>
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1. Purpose/Mission of the Organization: ________________________________________________________________

2. Requirements for Membership: ________________________________________________________________

3. National and State Affiliations: ______________________________________________________________

I certify that this organization (1) comprises only full-time or part-time employees of The University of Texas Medical Branch at Galveston; (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, sex age, veteran status or disability. I acknowledge that I have read the Regents' Rules and Regulations, Rule 40201 Registered Organizations, Institutional Handbook of Operating Procedures Policy 2.6.4 registering a Faculty, Staff or Student Organization, and the Guidelines for Registered Faculty and Staff Organizations, and accept the responsibilities 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. 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

VP/Chief of Staff or Designee                         Date

____________________________________
Print Name

____________________________________
Position Held in the Organization    Mail Route