



William Paterson University
Office of Campus Activities, Service & Leadership &
Office of Hospitality Services
Club Office Application

Organization Name: _____ Date of Application: _____

Applicant's Contact Information:

Name of Applicant:		855#:	
Applicants Campus E-mail:		Cell Phone:	

Organization Standing:

Are you currently Sanctioned by the SGA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your Organization Attended Leadership Academy Training for the Upcoming Academic Year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you currently have an office assigned to your Organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Campus Address (If applicable):	
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Please List Members with Leadership Positions for Your Organization for the Upcoming Academic Year:

Name:		Title:	
Campus E-mail:		Cell Phone:	855#

Name:		Title:	
Campus E-mail:		Cell Phone:	855#

Name:		Title:	
Campus E-mail:		Cell Phone:	855#

What organizations would you like to share an office space?	
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Do you have an office location preference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Campus Address:	
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<p>Please describe your needs and rationale for applying for an Organization office space. Please also include the number of members you have in the organization</p>	
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