

REQUEST FOR CLUB / ORGANIZATION ACCOUNT

(Print or type all information)

REQUESTING ORGANIZATION NAME:

FEDERAL TAX ID (if applicable):

ADDRESS (Number, Street): CITY, STATE and ZIP CODE: OFFICER OR REPRESENTATIVE’S NAME: OFFICER OR REPRESENTATIVE’S TITLE:

NAME OF FSW STATE COLLEGE ADVISOR:

PURPOSE OF ORGANIZATION IS TO BENEFIT (check all that apply):

STUDENT ACTIVITES

STUDENT FINANCIAL ASSISTANCE

INSTRUCTIONAL DEVELOPMENT

FACULTY & STAFF ACTIVITIES

OTHER COLLEGE DEVELOPMENT PURPOSE

THE ORGANIZATION (check one)

(Tax-exempt organizations must provide a copy of the organization’s IRS APPROVED “Form 1023 Application for Recognition of Exemption” or copy of latest filed IRS “Form 990-EZ Return of Organization Exempt from Income Tax.” The following organizations are considered to be tax- exempt even if they have not filed an Application for Recognition of Exemption and need not provide a copy of their approved application/tax return:

1. Churches,
2. Any organization that is not a private foundation and that does NOT have gross receipts in each taxable year of $5,000 or more.)

IS IS NOT A TAX-EXEMPT CHARITABLE ORGANIZATION

APPROVED BY:

Director, Student Engagement

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## ACKNOWLEDGEMENT OF ORGANIZATION’S RESPONSIBILITIES

I, \_ , a duly authorized representative of

(Print or type name of officer or representative)

(Print or type name of organization)

## an organization which desires to provide social, cultural, intellectual, recreational, governance, leadership, group development, campus and community service, lectures and concert programs, student financial assistance or otherwise benefit the students and/or educational mission of FSW State College, do hereby acknowledge the responsibilities of this organization with respect to all Federal, State of Florida, county and Florida SouthWestern State College laws and rules and our organization will obey these laws and rules.

I further attest that we are an independent organization which is not under the control of FSW State College; the organization’s funds play no part in meeting the institution’s operating or capital outlay requirements; the organization is not authorized to contractually obligate FSW State College; and, furthermore, the organization releases FSW State College from any liability which may result from unlawful or negligent acts which might arise as a result of the actions of any member of this organization.

(Signature of organization officer or representative) (Date)

FOR OFFICE OF FINANCIAL SERVICES USE ONLY

FUND NUMBER ASSIGNED: BUDGET ADMINISTRATOR: ARTICLES OF ORGANIZATION/CONSTITUTIONA/BY-LAWS:

NOT REQUIRED ATTACHED ON FILE WITH OFFICE OF STUDENT

DEVELOPMENT

COMPLETED BY: DATE: