

New Agency Account Information

Name of Organization: _____

Advisor Information: Name, Campus Address and Phone Number

Name: _____

Campus Address: _____

Campus Phone: _____

Purpose of Organization:

Advisor Signature: _____

SAO Representative Signature: _____

Controller's Office Use Only

Index: _____ Fund: _____

Date Created: _____

Authorized By: _____

For Questions or Concerns, contact:

Student Activities and Organizations, HMSU 615, 237-3852