

REGISTERED INDEPENDENT ORGANIZATIONS (RIO) APPLICATION FOR REGISTRATION

This application should be filled out to register your organization at Kapi`olani Community College (Kapi`olani). Although registration does not make the RIO a part of or controlled by the University, it allows the organization certain benefits, which are reviewed in the RIO Orientation.

The first deadline for submittal is **September 30**. However, if your organization does not meet this deadline, registration is accepted throughout the academic year.

We advise registering early so new students looking to get involved have access to your organization's most current information, during summer orientation and at the beginning of the semester. Please contact the Office of Student Activities (OSA) at 734-9576 if you need assistance with this application.

Registration Checklist

- Completed Application
- Constitution/Charter of the Organization
- RIO Orientation
- Names and Signatures of the four (4) Designated RIO Representatives
- If applicable, affiliation with any local, national, or international organization if not already on file with OSA, that Organization's Constitution, Charter and/or By-Law
- Current Membership Roster

Please submit completed applications to the Office of Student Activities (OSA) in `Iliahi 126 for approval.

REGISTERED INDEPENDENT ORGANIZATIONS (RIO) APPLICATION FOR REGISTRATION

The information on this page may appear on the Office of Student Activities (OSA) web site at UH-Kapi`olani CC and be included in an information folder and RIO Listing in the OSA office to serve as a resource for members of the campus community.

1. Name of Organization _____

Commonly used abbreviation (if any) _____

2. Describe the purpose(s) of the organization clearly and specifically (please limit to 30 words or less):

3. RIO email address (if any): _____

4. RIO website address (if any): _____

5. Main Contact Person _____ Telephone: _____

UH email: _____@hawaii.edu

6. Advisor (Optional): _____ Telephone: _____

Kapi`olani Affiliation: check one (Faculty, Staff) UH email: _____@hawaii.edu

7. Membership Requirements/Dues: _____

8. Meeting Day, Time, & Location: _____

9. Programs and Projects Planned:

10. Federal Tax ID/EIN# (if any): _____

State General Excise Tax License # (if any) _____

11. Has the organization been registered on campus before? No Yes under what name(s)

12. Describe any affiliation the organization has with other campus, local, state, national, or international organizations or agencies:

13. A copy of this organization's most current constitution is (check one):

attached on file was amended and attached

Identify below the names and positions of four (4) individuals **currently** enrolled as students or employed as faculty, APT, or clerical staff at Kapi`olani Community College, who will serve as the designated representatives of the organization. (Advisors are not mandatory, however, they are **highly** recommended). These individuals will be authorized to assume responsibility of the organization. Indicate each person's affiliation with Kapi`olani (e.g. faculty, staff, student; faculty & staff-please include department). The main contact(s) will receive correspondence from the OSA office via e-mail. It is the responsibility of the main contact(s) to pass on the information to the organization. Also, the main contact person(s) must attend a mandatory RIO Orientation session.

| Name | Position | Kapi`olani | UH EMAIL | UH ID # |
|-----------|------------------------------|---|-------------------|---------|
| | (Pres., V.P Sec., Member) | Affiliation (Faculty & Staff-Include Dept) | (@hawaii.edu) | |
| (1) _____ | | | @hawaii.edu _____ | |
| (2) _____ | | | @hawaii.edu _____ | |
| (3) _____ | | | @hawaii.edu _____ | |
| (4) _____ | | | @hawaii.edu _____ | |

*To obtain your UH Number go to the following URL: www.hawaii.edu/account. After you log into the sign-in box located on this page, you will be able to retrieve your 8-digit UH Number.

IMPORTANT: Officers and/or designated representatives listed below read and understand the Administrative Policies and Terms of Agreement.

NAME OF ORGANIZATION: _____

| | |
|------------|-----------|
| (1) _____ | _____ |
| Print Name | Signature |
| (2) _____ | _____ |
| Print Name | Signature |
| (3) _____ | _____ |
| Print Name | Signature |
| (4) _____ | _____ |
| Print Name | Signature |

Attended RIO Orientation: (___yes/___ no) If yes, give date of RIO Orientation_____

All new forming RIOs must attend an RIO Orientation with the Office of Student Activities before their application for registration can be approved. Please contact OSA located in `Iliahi 126 or at (808) 734-9576 for more information about scheduling an individual or group RIO orientation. The RIO Orientation must be attended by two (2) of the designated four (4) individuals.

(To be signed at the completion of the RIO Orientation)

IN WITNESS THEREOF, the parties have executed this Agreement below:

NAME OF RIO: _____

BY _____
RIO Authorized Representative(s) **NAME** [Main Contact Person(s)]

BY _____
RIO Authorized Representative(s) **SIGNATURE** [Main Contact Person(s)]

TITLE: _____

DATE: _____

Office of Student Activities Representative Approval (For office use)

BY _____
University Authorized Officer's Name (OSA Representative) (Print)

BY _____
University Authorized Officer's Signature

DATE: _____
Effective Date of Agreement

ATTACH THE ORGANIZATION'S CONSTITUTION OR STATEMENT OF PURPOSE(S); AND RETURN ALL COPIES OF THIS FORM TO THE OFFICE OF STUDENT ACTIVITIES AT KAPI`OLANI LOCATED IN `Iliahi 126.

For Office Use Only:

Category: Academic/Professional Ethnic/Cultural
 Sports/Leisure Religious/Spiritual
 Service Political
 Other (specify): _____

MEMBERSHIP ROSTER

List below the names and Kapi`olani email addresses of other members of the RIO **NOT** including the four members previously listed.

| Name | UH Email |
|-------------|------------------|
| 1) _____ | _____@hawaii.edu |
| 2) _____ | _____@hawaii.edu |
| 3) _____ | _____@hawaii.edu |
| 4) _____ | _____@hawaii.edu |
| 5) _____ | _____@hawaii.edu |
| 6) _____ | _____@hawaii.edu |
| 7) _____ | _____@hawaii.edu |
| 8) _____ | _____@hawaii.edu |
| 9) _____ | _____@hawaii.edu |
| 10) _____ | _____@hawaii.edu |
| 11) _____ | _____@hawaii.edu |
| 12) _____ | _____@hawaii.edu |
| 13) _____ | _____@hawaii.edu |
| 14) _____ | _____@hawaii.edu |
| 15) _____ | _____@hawaii.edu |
| 16) _____ | _____@hawaii.edu |
| 17) _____ | _____@hawaii.edu |
| 18) _____ | _____@hawaii.edu |

ATTACH ADDITIONAL SHEETS IF NECESSARY