Check all that apply:

Advisor Change SOC Name Change

Officer Change

## METHODIST UNIVERSITY

Student Organization/Club (SOC) Agreement Update Form

Complete online and **PRINT**! Do Not use pen or pencil. Sign and submit to MU Involvement Center

In order to maintain current records and provide regular communication of policies and procedures regarding Student Organization/Club (SOC) Accounts, this agreement is issued to all SOC Account advisors each semester, in January and August, and is required to be on file in the MU Student Involvement Center and the Controller's Office for each SOC Account. This form must be completed and returned to the MU Student Involvement Center each semester prior to making requests for SGA funding. The primary purpose of this form is to keep all departments apprised of any officer or advisor changes within the SOC in order to alleviate any delays with the approval process or funding of grants.

> SOC Account Project Number: (Issued by the Controller's Office after Registration Application was processed)

Date:

SOC Account Name:

Does this SOC receive funding from the University's Student Government Association (SGA)?

Yes No

I understand that Student Organization/Club Accounts are legally independent of the University and may not use the tax id number of the University for any purpose. Registered Student Organizations/Clubs may access certain University-controlled benefits and resources, such as facilities and equipment, and may seek SGA Grant Funding. They are accountable to the University for compliance with University policies, regulations and rules.

SOC Accounts do not have access to the University's tax exempt status. Donor contributions to SOC Accounts are not contributions to the University, and as such will not receive tax-deductible contribution credit from the university.

By establishing and maintaining this SOC Account, I acknowledge that the Controller's Office will provide basic accounting functions, and that all funds must flow through the University Agency Account.

I have read, understand, and agree to abide by the University Policies as they relate to the establishment, deposit, and disbursement of SOC Account Funds.

SOC Officers		University Advisor/Dean
1. President/Name:	Phone:	MU Advisor/Name:
E-mail:		E-mail:
2. Vice President/Name:	Phone:	MU Dean/Name:

E-mail:

E-mail:

3. Secretary/Name:	Phone:	
4. Treasurer/Name:	Phone:	
E-mail:		
MU Student Involvement Center Only		
Date Received:		
Initials:		
Controller's Office Only		
Date Completed:		
Initials:		