



# Application Private Organizations (PO) *(Please check below for new or revalidation)*

New \_\_\_\_\_

Revalidation \_\_\_\_\_

Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Briefly list PO's major purpose/mission: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly list any major changes in PO activities, membership requirements, officers, objectives, organization, constitution, bylaws, use of funds, and management functions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all annual fundraising activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have authorization to use "West Point" in your club's name? *(Submit record of permission given)*  
*Contact the Licensing Director at [licensing@usma.edu](mailto:licensing@usma.edu) for more information.*

List your current officers; *(include name, address and phone.) (Please print or type.)*

**President:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Vice President:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Secretary:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Treasurer:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_