

**APPLICATION
FOR REGISTERED ORGANIZATION STATUS**
University of Illinois at Urbana-Champaign

Return completed form to:
Student Activities Office
2 Student Services Building

FOR ACADEMIC YEAR 1988
(Annual renewal due on or before September 15)

Date submitted 2/18
Re-regis New
New officers _____

ALL INFORMATION MUST BE TYPED:

- Official Name of Organization (If acronym or abbreviations, also give full name)
Iranian Cultural Association
- Official Mailing Address (Required) P.O. Box 2232 Ch. ill 61820 Phone 333-5860
(Where all correspondence and account receivable bills are sent)
- University Organization Fund Account Number 3149 No Account _____ Request Account
- Purpose of Organization To promote cultural & social activities
To present various aspects of Iranian Culture
- Check ONE as to type of organization: Academic Athletic/Recreation Service
 Rights/Freedom Government Creative/Performing Arts Cultural/Ethnic
 Political Religious Social Name if other _____
- Membership in a registered organization is restricted to registered students, faculty, staff, and their spouses. Organizations combining U. of I. students/staff with community people may register as Campus Community groups with the Space Utilization Office, 243 Davenport House.

We, the undersigned:

- assert that we are the authorized and responsible Registered Agents of this organization.
- certify that this organization meets all requirements stated above and on the reverse side of this application.
- agree to the following "Pledge of Nondiscrimination."

It is the policy of the University of Illinois at Urbana-Champaign that "registered organizations" shall be in full compliance with all federal and state nondiscrimination and equal opportunity laws, orders, and regulations. In addition, registered organizations shall not practice discrimination against a member or prospective member on the basis of race, color, religion, sex, sexual orientation, national origin, ancestry, political affiliation, age, marital status, handicap, unfavorable discharge from the military, or status as a disabled veteran or veteran of the Vietnam era, except as specifically exempted by law. By signing this document the named organization pledges compliance with this policy.

Except for signatures, all the following information must be typed:

	NAME	SIGNATURE	ADDRESS	CITY	PHONE
Pres.	Farshid Adibi-rizi	<i>Farshid Adibi</i>	307 E. Clark #3, Ch. ill.		398-8657
V.P.	Naghmeh Mirghafari	<i>N. Mirghafari</i>	904 w green 610, U. ill		328-8136
Secy.	Mandana Ahssani	<i>Mandana Ahssani</i>	602 E. Stoughton, #16 Ch.		351-7417
Staff	Behzad Fazel-Sarjui	<i>Fazel Sarjui</i>	602 E. Clark #37, Ch. 61820		359-2570
Advisor	Mahta Moghaddam	<i>Mahta Moghaddam</i>	903 E. Colorado #68 U. ill.		384-0991

(For Student Activities Office Use)

ORGANIZATION'S REGISTERED STATUS CONFIRMED BY:

Date _____
Director of Registered Organizations