Return completed form to: Registered Organizations Office

ORGANIZATION'S REGISTERED STATUS CONFIRMED BY:

Director of Registered Organizations

APPLICATION FOR REGISTERED ORGANIZATION STATUS

University of Illinois at Urbana-Champaign

FOR ACADEMIC YEAR 90-91

Date submitted 09/0

284 Illini Union	(Annual renewal due on	or before September 15)	New officers	S
ALL INFORMATION MUST B	BE TYPED:		, 7)
	ation (if acronym or abbreviations	s, also give full name)	3511	
	ent Association(ISA)	'7	110	
2. All correspondence will be	e mailed to the President.			
University Organization Fig. (Any funds received on U	und Account Number	No Account I sited into this account.)	Request Account	1
4. Purpose of Organization	In order to better u	understanding of soci	al activity	
	around the world.			
5. Check ONE as to type of	organization: Academi	c Athletic/Recreation	on Serv	vice
Rights/Freedom	Government Cr	eative/Performing Arts	Cultural/Ethr	nic
Political F	Religious X Social Nar	me if other		
combining U. of I. studen	ed organization is restricted to reg its/staff with community people r lagement, 243 Davenport House.	may register as Campus Con		
Check all that apply:				
We would be interprojects.	ested in sharing our interest ar	ea as volunteers for special	campus and co	ommunity service
We would welcome	opportunities to provide volunte	eers for community service pr	ojects.	
We, the undersigned:				
b. certify that this organize	authorized and responsible Reg zation meets all requirements sta "Pledge of Nondiscrimination."			plication.
with all federal and state norganizations shall not practisex, sexual orientation, natio the military, or status as a dis	ersity of Illinois at Urbana-Champ ondiscrimination and equal opp ice discrimination against a mem nal origin, ancestry, political affilia sabled veteran or veteran of the N ganization pledges compliance v	ortunity laws, orders, and re ber or prospective member of ation, age, marital status, hand /ietnam era, except as specifi	gulations. In ad n the basis of rad dicap, unfavorab	dition, registered ce, color, religion, le discharge from
	e following information must be	typed:		
NAME	SIGNATURE	ADDRESS	CITY	PHONE
Pres. Kamran Ghiassi	K. ghiani	504 White st. #12,	Champaign	352-7520
V.P	0			
Secy.	0.1			
Freas Behrooz Moradi	Behrey Moracle	2112-203 Orchard	Urbana	344-7934
Advisor				
(For Student Activities Office Use)				