

# ACLU of Ohio Campus Club Registration Form

**Please complete and return to the ACLU of Ohio**

4506 Chester Avenue/ Attn: Campus Organizing/ Cleveland, Ohio 44103

www.acluohio.org

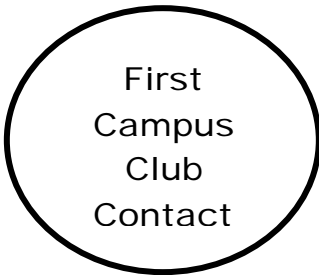
Circle one:

- ? High school
- ? College/University
- ? Law School
- ? Graduate/Professional

Club name designated as:

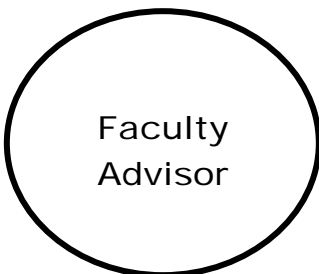
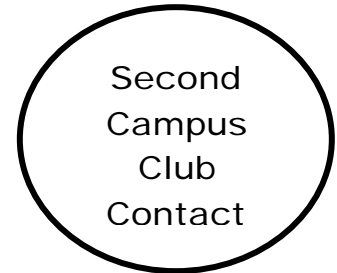
ACLU of Ohio Campus Club of

\_\_\_\_\_ *(insert school name here)*



**Contact 1** Name \_\_\_\_\_  
Current Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_  
E-mail \_\_\_\_\_ Fax \_\_\_\_\_  
**Permanent Address** (if different) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Contact 2** Name \_\_\_\_\_  
Current Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_  
E-mail \_\_\_\_\_ Fax \_\_\_\_\_  
**Permanent Address** (if different) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_



**Advisor** Name \_\_\_\_\_  
Department/Title \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_  
E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Club mailing address: (Circle one) Contact 1    Contact 2    Advisor    Other
If 'other' write address here: _____
City _____ State _____ Zip _____
Club phone: _____ Club E-mail: _____
Club website: _____ Registered w/ School Student Affairs office? ____