

Registered Independent Organization (RIO) Renewal Application

This application should be filled out to renew your organization's registration between academic years. The first deadline for submittal is September 30, 2009.

We advise renewing early so new students looking to get involved have access to your organization's most current information during summer orientation and at the beginning of the semester.

To renew using this form, your organization must meet the following criteria:

- Your organization was registered this past academic year (2008-2009)
- Your organization did not amend its constitution/charter during this past academic year (2008-2009)
- Your organization is prepared to identify 6 individuals (1 main contact person plus 5 others) currently enrolled or employed at the University of Hawai'i at Mānoa (UHM) to be responsible for the RIO

If your organization does not meet the criteria, please renew your registration using the "Registered Independent Organization Application for Registration."

All requested items on the form must be completed. Incomplete forms will be returned to the RIO contact person.

Please submit completed renewal applications to the SLD Office in Campus Center 208 for approval.

REGISTERED INDEPENDENT ORGANIZATION (RIO) RENEWAL APPLICATION

NAME OF ORGANIZATION: _____

Date submitted: _____ Person Requesting Renewal: _____

Was the organization registered in the most recent academic year? _____ (yes/no).

If yes, your organization may use this form to renew its registration.
If no, your organization may not use this form to register. Please fill out the Registered Independent Organization Application for Registration.

Has the organization's constitution/charter changed* since your previous registration/renewal? _____ (yes/no).

If no, your organization may use this form to renew its registration.
If yes, your organization may not use this form to register. Please fill-out the Registered Independent Organization Application for Registration.

*Changing your constitution/charter includes any changes to the organization's name, purpose, membership, organizational structure or operating procedures, which your organization has on record with the SLD office.

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**Main Contact Person** \_\_\_\_\_ \*8-digit UH Number \_\_\_\_\_

Contact Person's Mailing Address \_\_\_\_\_

UH Email: \_\_\_\_\_@hawaii.edu Position in the RIO: \_\_\_\_\_

Phone contact: \_\_\_\_\_ UHM Affiliation: \_\_\_\_\_  
 Home  Cellular  Other: \_\_\_\_\_ (Student, Faculty, Staff; For Faculty & Staff, Pls. Include Dept.)

The designated contact person is required to attend a RIO Orientation session with the SLD Office. **Has the contact person listed above attended an RIO Orientation session? \_\_\_\_\_ (yes/no).** If yes, date: \_\_\_\_\_ If no, please contact the SLD office to sign up for an orientation session.

The designated contact person is required to sign the "Agreement for a Registered Independent Organizations" Form. **Has the contact person listed above previously signed the agreement on behalf of this organization? \_\_\_\_\_ (yes/no).** If no, please sign and submit the agreement with this renewal application. The agreement is available at the [www.hawaii.edu/caps/rio/rioforms](http://www.hawaii.edu/caps/rio/rioforms)

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2. _____ *8-digit UH Number: _____

UH Email: _____@hawaii.edu Position in the RIO: _____

Phone contact: _____ UHM Affiliation: _____
 Home Cellular Other: _____ (Student, Faculty, Staff; For Faculty & Staff, Pls. Include Dept.)

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**3.** \_\_\_\_\_ \*8-digit UH Number: \_\_\_\_\_

UH Email: \_\_\_\_\_@hawaii.edu Position in the RIO: \_\_\_\_\_

Phone contact: \_\_\_\_\_ UHM Affiliation: \_\_\_\_\_  
 Home  Cellular  Other: \_\_\_\_\_ (Student, Faculty, Staff; For Faculty & Staff, Pls. Include Dept.)

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4. _____ *8-digit UH Number: _____
 UH Email: _____@hawaii.edu Position in the RIO: _____
 Phone contact: _____ UHM Affiliation: _____
 Home Cellular Other: _____ (Student, Faculty, Staff; For Faculty & Staff, Pls. Include Dept.)



5. _____ *8-digit UH Number: _____
 UH Email: _____@hawaii.edu Position in the RIO: _____
 Phone contact: _____ UHM Affiliation: _____
 Home Cellular Other: _____ (Student, Faculty, Staff; For Faculty & Staff, Pls. Include Dept.)



6. _____ *8-digit UH Number: _____
 UH Email: _____@hawaii.edu Position in the RIO: _____
 Phone contact: _____ UHM Affiliation: _____
 Home Cellular Other: _____ (Student, Faculty, Staff; For Faculty & Staff, Pls. Include Dept.)



*To obtain your UH number go to the following URL: www.hawaii.edu/account. After logging in, you will be able to retrieve your 8-digit UH number.

IMPORTANT: Officers or designated representatives listed above must review and sign below. By signing, the organization's officers or designated representatives certify that:

- a. The information provided in this application and additional registration agreements are accurate and that the Student Life and Development (SLD) office will be notified of any changes to this information **in writing** by the person who signed the "Agreement for a RIO."
- b. A roster of the organization's current members will be completed and submitted.
- c. The administrative policies governing Registered Independent Organizations ("Agreement for a RIO") have been received, will be complied with, and will be communicated to all members of the organization.
- d. The organization will not engage in discriminatory membership practices based upon race, sex, age, religion, color, national origin, ancestry, disability, marital status, arrest and court record, sexual orientation, or status as a disabled veteran or veteran of the Vietnam era, except as exempted by federal, state, and county laws.
- e. The individuals listed above authorize the University to release their names, addresses, phone numbers, and email addresses as the designated representatives of this organization. They may be held personally liable, collectively or individually, for any debts or obligations owed to the University by this organization. Financial obligations may be placed on them should such action be deemed appropriate by the Student Life and Development (SLD) office.
- f. INDEMFICATION: This organization shall indemnify, defend, and hold harmless the University of Hawai'i known hereafter as UNIVERSITY and the State of Hawai'i known hereafter as the STATE, and their officers, employees, agents, or any person acting on their behalf from and against: (1) any claim or demand for loss, liability or damage, including, but not limited to, claims for property damage, personal injury or death, by whomsoever brought, arising from any act or omission of this organization, its officers, employees, or agents connected with the performance of this agreement, except liability arising out of the negligence of the UNIVERSITY or its employees; (2) all claims, suits, and damages by whomsoever brought or made by reason of the nonobservance or nonperformance of any of the terms, covenants, and conditions herein or the rules, regulations, ordinances, and laws of the federal, state, municipal, or county governments. Furthermore, this organization shall reimburse UNIVERSITY and STATE, and their officers, employees, agents, or any person acting on their behalf for all attorneys' fees, costs, and expenses incurred in connection with the defense of any such claims.

- g. If this RIO is renewing its registration from the previous year and is in good standing, the RIO need not attend the orientation if the contact person has already attended one.
- h. Should names, addresses and phone numbers of any of the 6 designated representatives change during the course of the academic year, the organization will notify the SLD office within 10 working days of that change by filling out the Change of RIO Designated Representatives Form.

We the undersigned certify that we have read the above listed information as well as the information in the “Agreement for Registered Independent Organizations” and accept responsibility for the organization named here:

Signatures of officers or designated representatives must be affixed in the same order as listed on the previous page

NAME OF ORGANIZATION: _____

Main Contact Person _____
Print Name Signature

(2) _____
Print Name Signature

(3) _____
Print Name Signature

(4) _____
Print Name Signature

(5) _____
Print Name Signature

(6) _____
Print Name Signature

For Office Use Only-		
Category:		
<input type="checkbox"/> Academic/Professional	<input type="checkbox"/> Leisure/Recreational	<input type="checkbox"/> Sports/Leisure
<input type="checkbox"/> Ethnic/Cultural	<input type="checkbox"/> Political	<input type="checkbox"/> Student Affairs
<input type="checkbox"/> Fraternity/Sorority	<input type="checkbox"/> Religious/Spiritual	<input type="checkbox"/> Service
<input type="checkbox"/> Honorary Society		
Orientation: _____	Agreement: _____	