



BROOKDALE COMMUNITY COLLEGE

STUDENT ORGANIZATION REGISTRATION 2009-2010

Circle all that apply: New Organization Re-Registering Change of
officer/Advisor

Name of Organization _____

Website _____

PLEASE COMPLETE ALL INFORMATION ON THIS APPLICATION.

Primary Officer

Position/Title _____

Name _____

Student ID# _____ Gender ___M___F___T

E-Mail _____

Check this box if you do not want your information released to interested parties.

*only name, title, e-mail, & club mailbox address is given to interested parties upon request.

Perm. Address _____

Perm. Phone _____

Perm. City, State, Zip _____

Treasurer

Position/Title _____

Name _____

Student ID# _____ Gender ___M___F___T

E-Mail _____

Check this box if you do not want your information released to interested parties.

*only name, title, e-mail, & club mailbox address is given to interested parties upon request.

Perm. Address _____

Perm. Phone _____

Perm. City, State, Zip _____

Other officer

Position/Title _____

Name _____

Student ID# _____ Gender ___M___F___T

E-Mail _____

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*only name, title, e-mail, & club mailbox address is given to interested parties upon request.

Perm. Address _____

Perm. Phone _____

Perm. City, State, Zip _____

Other officer

Position/Title _____

Name _____

Student ID# _____ Gender ___M___F___T

E-Mail _____

Check this box if you do not want your information released to interested parties.

*only name, title, e-mail, & club mailbox address is given to interested parties upon request.

Perm. Address _____

Perm. Phone _____

Perm. City, State, Zip _____

If your club has more officers please attach their information on a separate sheet of paper

Membership List

In the table below please print the names and student ID numbers of your club's present members. Clubs must have 10 members to remain recognized on campus.

NAME	STUDENT ID
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

If your club has more members please attach their names on a separate sheet of paper

Statement of Understanding: The *Statement of Understanding* affirms your club leadership's intention to follow the guidelines of the College and the Office of Student Life & Activities. College policies and regulations are discussed during monthly club meetings. If you ever have a question please feel free to contact your assigned Student Life Coordinator in the Office of Student Life & Activities.

Statement of Understanding

I, the undersigned primary officer, on behalf of the organization and with its authority, affirm that it is in compliance, and will continue to comply will all College regulations, policies and procedures as well as local, state and federal laws. I will attend, or assign a designee in my absence, to attend all monthly President's meetings. In addition, I will take responsibility for ensuring payment of all organization bills and debts.

Primary Officer Name (Print) _____ Signature _____ Date _____

I, the undersigned Treasurer of the organization accept responsibility for the organization's account, following all guidelines, as stipulated by the policies and procedures developed by the Student Life Board and the Student Life & Activities Office. I will abide by all college, state and federal laws and regulations regarding the use of college collected fees.

Treasurer Name (Print) _____ Signature _____ Date _____

**Please return all registration materials to the
Office of Student Life and Activities
SLC room 101, Warner Student Life Center Lower Level**

Advisor Agreement: The advisor agreement is used to confirm the advisors for recognized clubs and organizations for the academic year. If as an advisor you ever have questions, concerns or need help please contact your club's assigned Student Life Coordinator in the Office of Student Life and Activities.

Advisor Agreement

I/we, the undersigned faculty/staff member(s), agree to serve as the advisor to the student organization for the 2009-2010 academic year. As the advisor, I/we will be cognizant of all organization activities, be aware of the financial status of the organization, provide continuity to the organization, and periodically affirm that the organization meets specified requirements and adheres to all college regulations, policies and procedures, and local, state and federal laws.

Advisor Name (Print) _____ Signature _____ Date _____
Title _____ Department _____
Building _____ E-Mail _____
Campus Phone _____ Home Phone (optional) _____

Advisor Name (Print) _____ Signature _____ Date _____
Title _____ Department _____
Building _____ E-Mail _____
Campus Phone _____ Home Phone (optional) _____

Advisor Name (Print) _____ Signature _____ Date _____
Title _____ Department _____
Building _____ E-Mail _____
Campus Phone _____ Home Phone (optional) _____

**Please return the advisor agreement to the
Office of Student Life and Activities
SLC room 101, Warner Student Life Center Lower Level**