

# 2019-2020 Club/Org Re-Registration Form

## ***IMPORTANT POINTS***

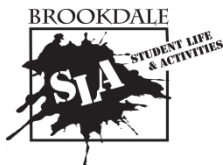
- This form, completed in its entirety, is due to Student Life & Activities (SLC 101) by **September 20, 2019**. If it is not submitted by this date, the club/org will lose 20% of its allocated budget.
- In order to remain a club/org in good standing, you must adhere to the following points:
  - You must hold **one meeting per month** in September, October, November, December, January, February, March and April.
  - You must do **one on-campus event per semester**.
  - You must do **one event at a Higher Education Center or Branch Campus per year**.
  - You must do **one service project in the 2019-2020 academic year**.
- Please note, if your club fails to meet all of the above requirements, it may endanger future funding and status.
- The above criteria may be taken into consideration for all Finance Committee Decisions regarding proposals for funding.

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**CLUB/ORG NAME:**\_\_\_\_\_

“I have read and understand the above information, and I will work to the best of my ability to guide my club to meet the above criteria.”

President's Name:\_\_\_\_\_

Signature:\_\_\_\_\_ Date:\_\_\_\_\_



# BROOKDALE COMMUNITY COLLEGE

## STUDENT CLUB/ORGANIZATION REGISTRATION

Name of Club/Organization: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

***PLEASE COMPLETE ALL INFORMATION ON THIS FORM!***

### **Primary Officer**

Position/Title \_\_\_\_\_

Name \_\_\_\_\_

Student ID# \_\_\_\_\_ Gender \_\_\_\_\_

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**

Name \_\_\_\_\_

Student ID# \_\_\_\_\_ Gender \_\_\_\_\_

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 \_\_\_\_\_

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\_\_\_\_\_

E-Mail\_\_\_\_\_

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

\*only name, title, e-mail, &amp; 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 **legibly print** the names, student ID numbers, and email addresses of your club's present members. Clubs must have a minimum of 10 members to remain recognized as active on campus.

NAME	STUDENT ID & EMAIL
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*

**Club/Org Meeting Information**

**(Please note: you must also submit the Online Facility Request Form to officially reserve the meeting space with the Scheduling Department.)**

*\*Clubs must hold one meeting per month in September, October, November, December, January, February, March and April.*

**Dates and Times:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Location (Building AND Room Number):** \_\_\_\_\_

**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 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 Primary Officer 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 Treasurer 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 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 this 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/Cell Phone (optional)\_\_\_\_\_

Advisor Name (Print)\_\_\_\_\_ Signature\_\_\_\_\_ Date\_\_\_\_\_

Title\_\_\_\_\_ Department \_\_\_\_\_

Building\_\_\_\_\_ E-Mail\_\_\_\_\_

Campus Phone\_\_\_\_\_ Home/Cell Phone (optional)\_\_\_\_\_

Advisor Name (Print)\_\_\_\_\_ Signature\_\_\_\_\_ Date\_\_\_\_\_

Title\_\_\_\_\_ Department \_\_\_\_\_

Building\_\_\_\_\_ E-Mail\_\_\_\_\_

Campus Phone\_\_\_\_\_ Home/Cell Phone (optional)\_\_\_\_\_

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