

2017-2018 Club/Org Re-Registration Form

IMPORTANT POINTS

- This form is due in SLC 101 by **September 22, 2017**. If it is not handed in by that date, the club/org will lose 20% of its allocated budget. **If it is handed in after October 27, 2017, the club/org will become defunct**, and will have to wait until the Spring 2018 semester to re-register.
- In order to be 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 and/or Branch Campus per year**.
 - You must do one service project in the 2017-2018 academic year.

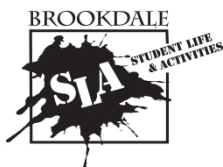
(Please note, if your club fails to meet the above requirements, it may endanger future funding)
- Your meeting date(s), time(s) and location(s) must be submitted to Student Life (studentlife@brookdalecc.edu) by **September 15, 2017**. If it is not, you will lose 20% of your allocated budget.
- These criteria may be taken into consideration for all Finance Committee Decisions regarding proposals for funding.

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 ORGANIZATION REGISTRATION

Name of 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

Position/Title_____

Name_____

Student ID#_____ Gender_____

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_____

E-Mail_____

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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_____

*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 & 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

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 with 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 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 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 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**