



New Student Club/Organization Registration Form

GENERAL INFORMATION

Please print neatly and legibly. Forms will be returned if they are not legible.

Organization Name _____
Do not use initials

Acronym (if applicable) _____

President _____
Name Phone STLCC e-mail

Please select the current semester: (the semester THIS application will be active)

Fall Spring Year _____

Please select club type:

Organization Club Special Interest

ORGANIZATION PURPOSE

Indicate the primary purpose of the organization:

- | | | |
|-------------------------------------|------------------------|----------------------|
| ____ Activism/Awareness | ____ Political | ____ Military |
| ____ Communication/Public Relations | ____ Sports/Recreation | ____ Musical Arts |
| ____ Creative/Performing Arts | ____ Technology | ____ Science |
| ____ Health | ____ Business | ____ Social Sciences |
| ____ Journalism/Media/Writing | ____ Community Service | ____ Sports Club |
| ____ Multicultural/Language | ____ Education | ____ Other _____ |
| ____ Religious/Spiritual | ____ Honorary | |

Briefly describe the purpose of your organization. The mission statement of your club would be appropriate. A complete club constitution must be attached to this form.

The office of Campus Life shall exercise sole and complete discretion whether to approve a proposed student club/organization.

NATIONAL SUPPORT

Is your organization affiliated with a National Organization? Yes No

If yes, name the National Organization: _____

Does your organization pay dues to a National Organization? Yes No

If yes, how much per Quarter Semester Yearly? _____

Describe the types of support your organization receives from its national organization.

MEMBERSHIP CRITERIA

Briefly list the criteria for membership in your organization:

RECRUITMENT

How does your organization plan to recruit new members (choose all that apply)?

- | | |
|---|--|
| <input type="checkbox"/> Organizational Fair | <input type="checkbox"/> Welcome Week |
| <input type="checkbox"/> Invitation to participation | <input type="checkbox"/> Social events |
| <input type="checkbox"/> Special recruitment activities* | <input type="checkbox"/> Membership campaign* |
| <input type="checkbox"/> Members invite prospective members | <input type="checkbox"/> Through academic department |
| <input type="checkbox"/> Announcements made in classes | <input type="checkbox"/> Fliers on bulletin boards |
| <input type="checkbox"/> Other* _____ | |

*Please attach a sheet of paper describing the recruitment activities you are planning

MEETINGS & EVENTS

This information must be provided within two (2) weeks after becoming a club.

- Meetings: Day _____ Time _____ Location _____
- Weekly Bi-Weekly Monthly Other: _____
- Club Event Calendar: Fall Spring

CALENDAR OF EVENTS

Please provide a list of proposed events that your organization would like to facilitate this academic year or semester. ***Club/Organizations will not be allowed to facilitate programs during Welcome Week and Exam weeks (midterms and finals) or during the summer semester.**

Student Club/Organization Name:	
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Event Name	Purpose	Costs	Date	Time

Advisor Signature and Date:	
President Signature and Date:	

Advisors, please make room arrangements in EMS, the campus room reservation system. If help is needed, please contact Campus Life.

ADVISORY SUPPORT

All student clubs are required to have an advisor who is a full-time faculty or staff member at STLCC. Please provide advisor contact information.

Name	Campus Office Location
Campus Phone	STLCC E-mail

ADVISOR STATEMENT (TO BE FILLED OUT BY ADVISOR)

As advisor to _____ I am familiar with the Student Handbook
(Name of club/organization)

and Standards of Conduct and will assist in making the membership of this organization aware of the policies and procedures established at STLCC as well as encouraging the membership to comply with these guidelines. I am also aware of the specific responsibilities of the advisor as outlined in the Club Advisor’s Handbook. A brief description is listed below:

- A student club/organization advisor must be a STLCC staff or faculty members.
- Advisors are subject to approval by the St. Louis Community College Campus Life Office.
- Advisors must attend all meetings of the student club/organization.
- Advisor attendance is mandatory at all student club/organization events that create liability/risk for the students and the college.
- Advisors must attend advisor meetings sponsored by the Campus Life office.
- Advisors should meet with members of the student club/organization as often as needed.
- Advisors should understand and be able to explain STLCC general policies and procedures to members of the student club/organization, as well as provide information about campus resources. Advisors should confer with Campus Life staff for questions and guidance on how to document and report any policy violations.
- Advisors should assist members of the student club/organization to formulate annual goals, create annual event calendars, and think creatively about programs and events that fulfill the organization’s purpose.
- Advisors should work with student club/organization members to promote activities and events to other STLCC faculty and staff.

Affixing my signature below certifies that I agree to serve as Advisor to the above-mentioned student club/organization for the current academic semester. I will abide by STLCC policies and procedures and attend all events sponsored by the student club/organization that I advise.

If for any reason I am unable to serve as Advisor, I will submit my written notification to the Campus Life Manager.

Advisor Signature _____ Date: _____

Fall Semester Spring Semester Year: _____

Co-ADVISORY SUPPORT

All student clubs are required to have an advisor who is a full-time faculty or staff member at STLCC. Please provide advisor contact information.

Name	Campus Office Location
Campus Phone	STLCC E-mail

ADVISOR STATEMENT (TO BE FILLED OUT BY ADVISOR)

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Advisor Signature _____ Date: _____

Fall Semester Spring Semester Year: _____