

SOUTHERN STATE COMMUNITY COLLEGE
STUDENT CLUB or ORGANIZATION APPLICATION

Name of Organization or Club: _____

Purpose of Organization: _____

Membership Requirements: _____

How does the group or organization plan to sustain itself when members or advisors move on? _____

List of students (minimum of 10 recommended) who desire to be members of the club or organization.

Student Names

- | | |
|-----------|--------------------------------------|
| 1. _____ | Advisor Name _____ (please print) |
| 2. _____ | _____ |
| 3. _____ | Signature _____ |
| 4. _____ | Student Contact _____ (please print) |
| 5. _____ | _____ |
| 6. _____ | Signature _____ |
| 7. _____ | Phone _____ |
| 8. _____ | Email _____ |
| 9. _____ | Address _____ |
| 10. _____ | _____ |

Date Approved _____ Date Rejected: _____

Comments _____

Coordinator of Student Activities

Student Services